

FIG. 1

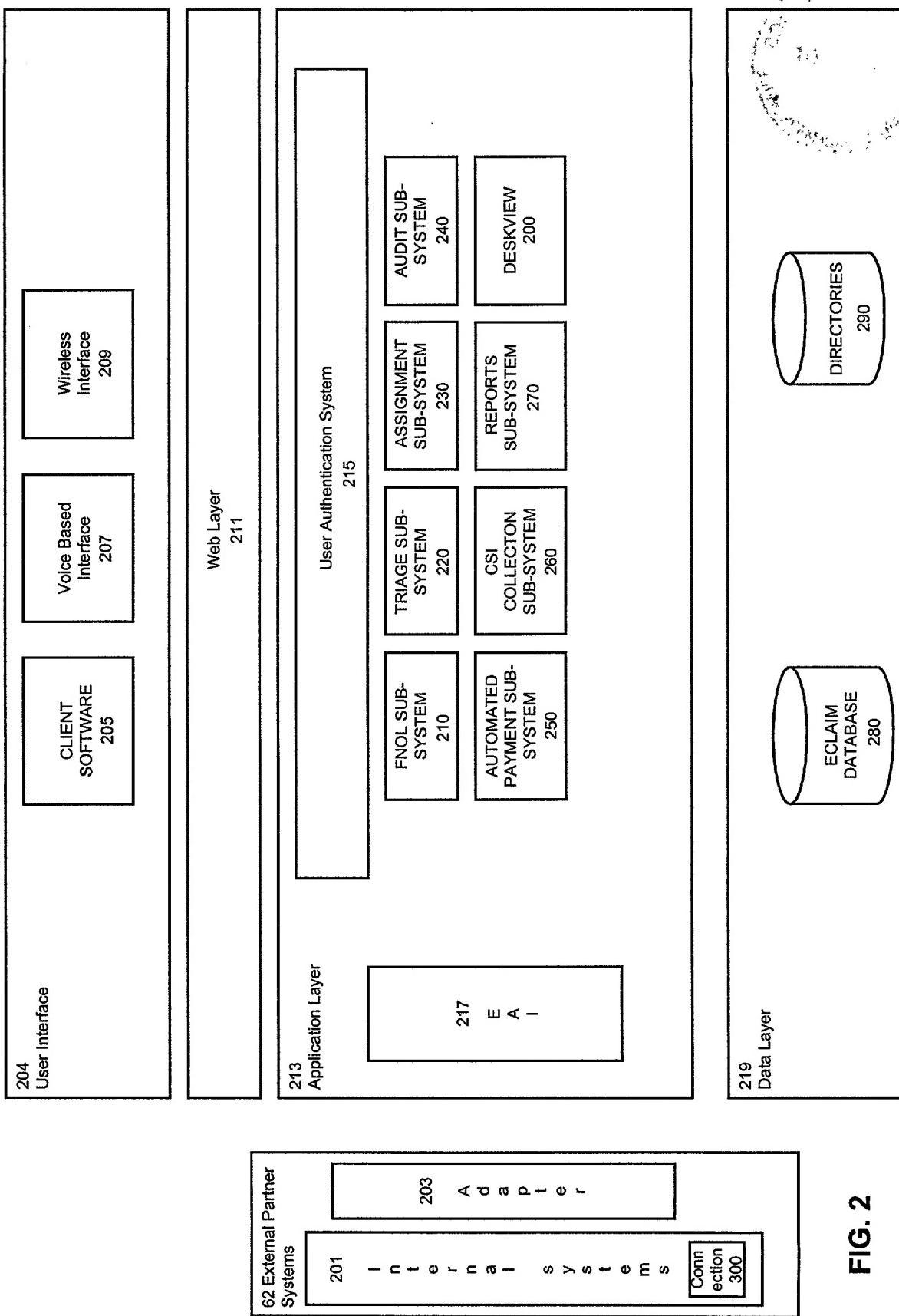


FIG. 2

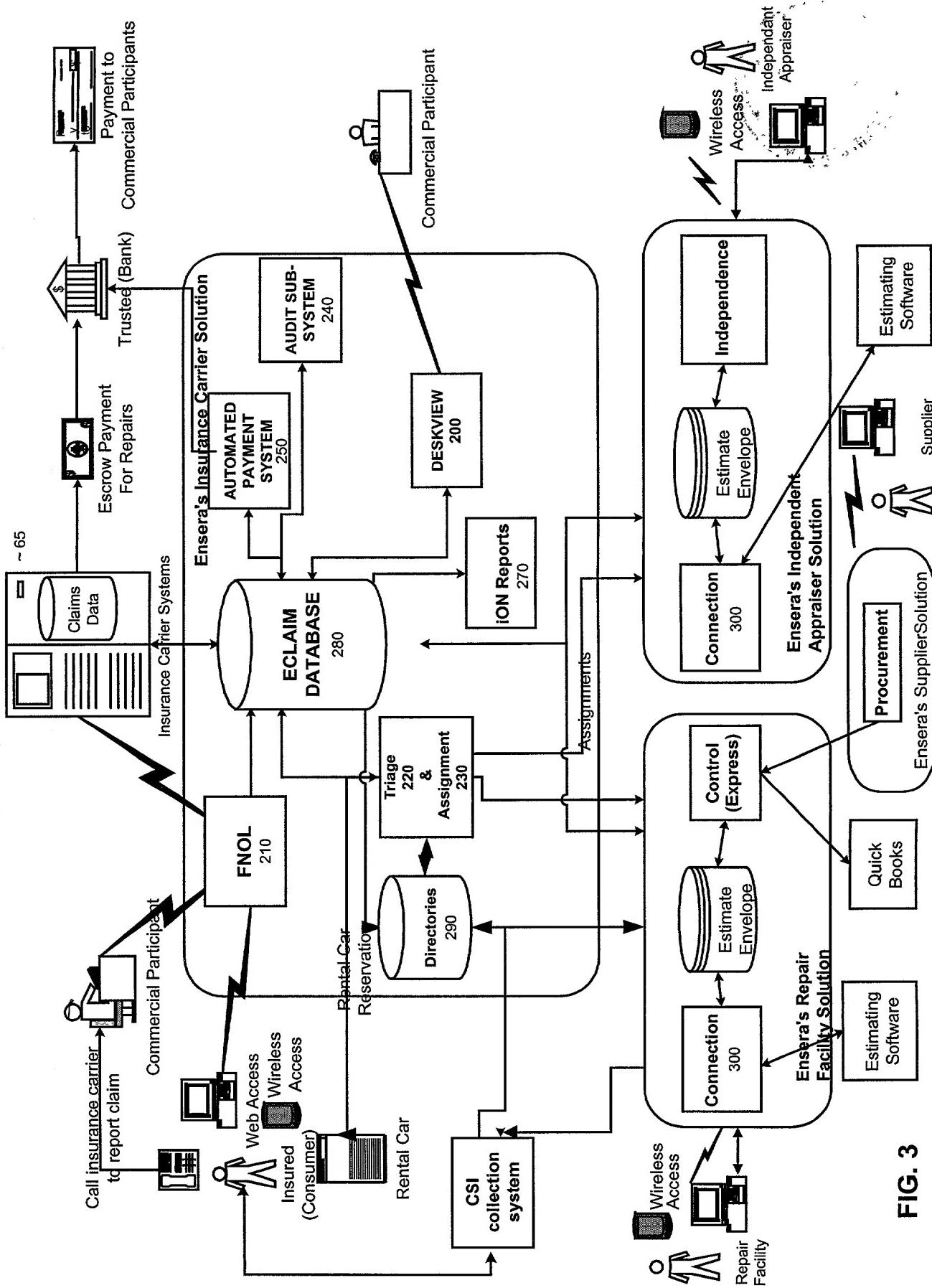


FIG. 3

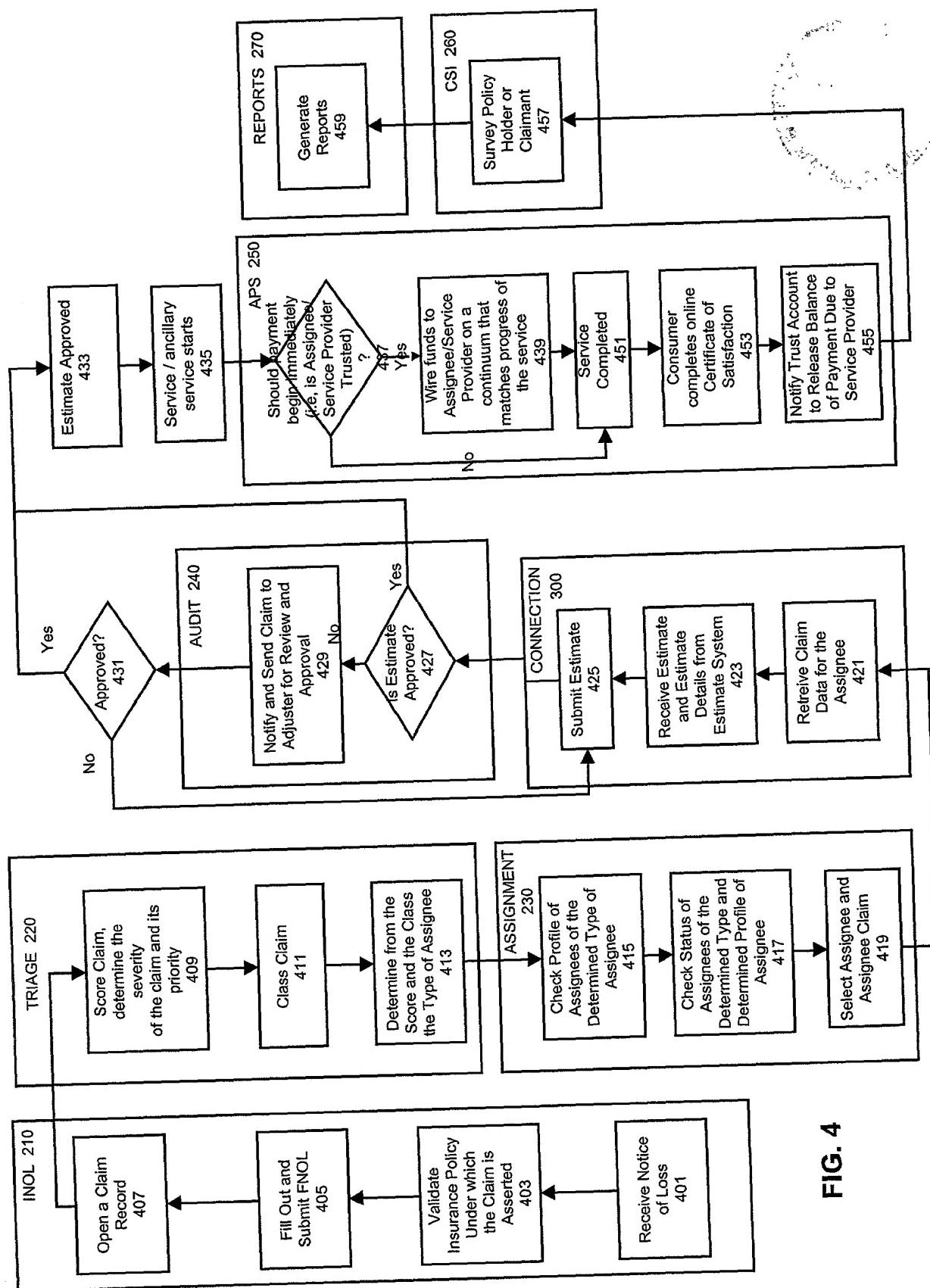


FIG. 4

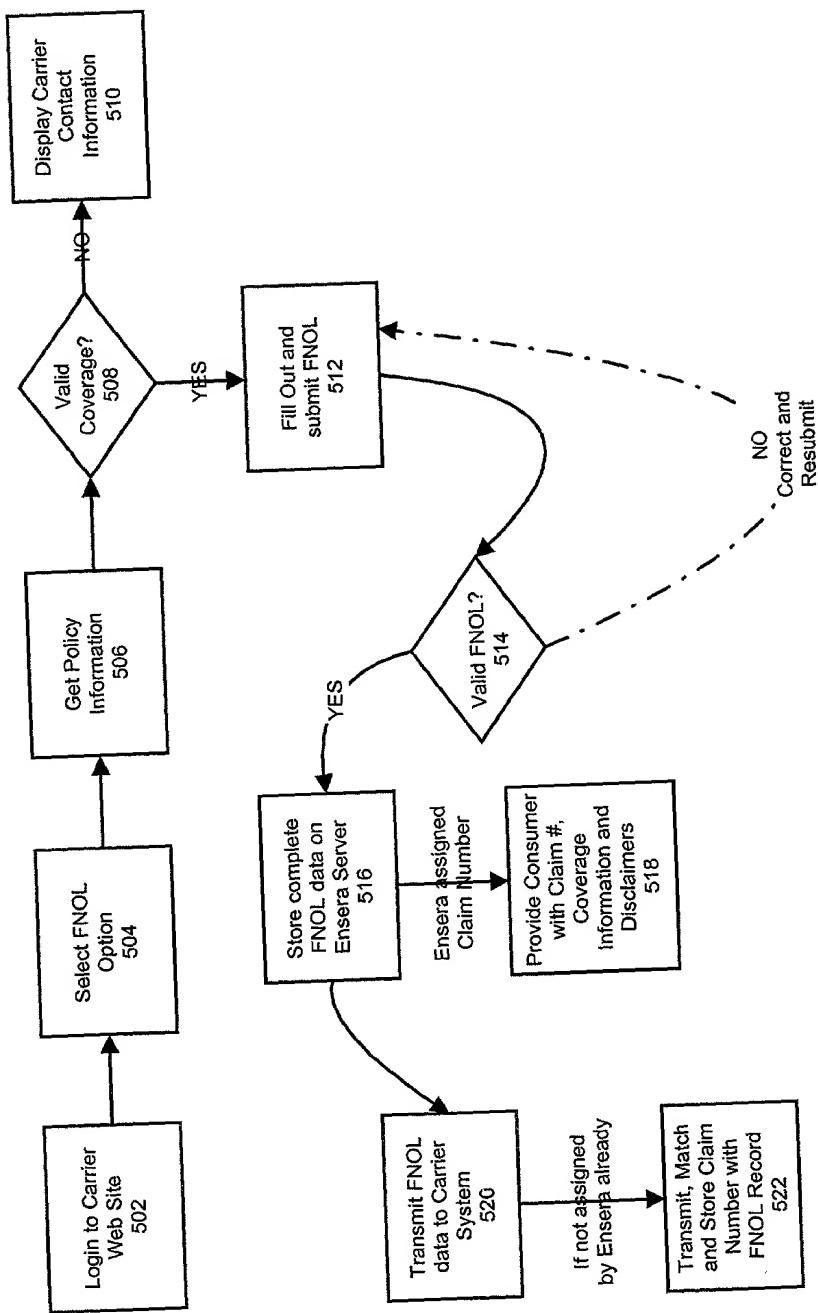


FIG. 5A.

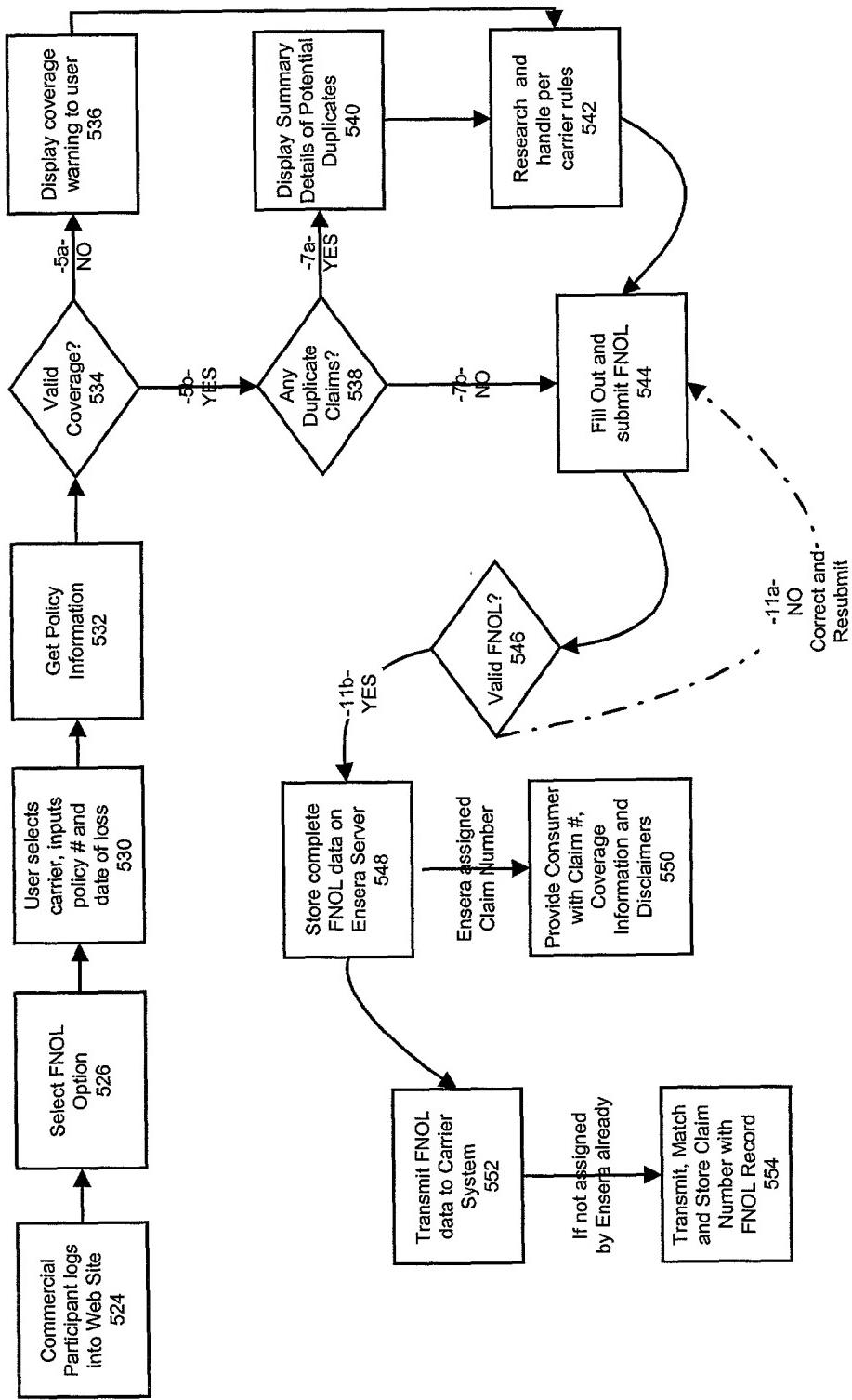


FIG. 5B.

Fields

<Loss>

- <LocationofAccident>
- <DamageToVehicle>
- <LossDescription>
- <NamedInsuredVehicleOperator>
 - <LastName>
 - <FirstName>
 - <MiddleName>
- <ReportNumber>
- <PoliceReportNumber>
- <DateOfLoss>
- <TimeOfLoss>
- <WereThereWitnesses>
- <HaveAttorney>
- <WereThereInjuries>
- <HowManyVehiclesInvolved>
- <WeatherConditions>

<VehicleInformation>

- <ModelYear>
- <Manufacturer>
- <Model>
- <Color>
- <VehicleIdentificationNumber>
- <LossPayee> vehicle

<Repair Facility>

- <SelectRepairFacility>
- <RepairFacilityInformation>
 - <Name>
 - <Addr>
 - <City>
 - <StateProv>
 - <PostalCode>
- <CommunicationNumber>
- <RepairFacilityPhone>

<Insured>

- <PersonInformation>
 - <LastName>
 - <FirstName>
 - <MiddleName>
- <SocialSecurityNumber> Password
- <AddressInformation>
 - <Addr1>
 - <City>
 - <StateProv>
 - <PostalCode>
 - <Country>
 - <Email>
- (phone # will be accepted if customer has no e-mail)
- <CommunicationNumber>
- <ContactPhone>

<Damage to Property of Others>

- <WasItAVehicle>
- <DamageTo>
- <NumberOfPassengers>
- <DamageDescription>
- <OtherCarrierInformation>
- <VehicleInformation>
 - <ModelYear>
 - <Manufacturer>
 - <Model>
 - <Color>
- <VIN>
- <LicensePlateNumber>
- <Description of Damage>

(Description available for multiple vehicles)

<Injuries>
 (Fields below will be available for each injured person)

<Injured>

- <RelationToInsured>
- <Description & ExtentOfInjury>
- <MedicalProvider>
- <AmbulanceNeeded>
- <PersonInformation>
 - <LastName>
 - <FirstName>
 - <MiddleName>
- <AddressInformation>
 - <Addr1>
 - <Addr2>
 - <City>
 - <StateProv>
 - <PostalCode>
 - <Country>
- <CommunicationNumber>
- <ContactPhone>

(Description available for multiple injuries)

<Witnesses>

<Witness>

- <PersonInformation>
 - <LastName>
 - <FirstName>
 - <MiddleName>
- <AddressInformation>
 - <Addr1>
 - <Addr2>
 - <City>
 - <StateProv>
 - <PostalCode>
 - <Country>
- <CommunicationNumber>
- <ContactPhone>

(Description available for multiple witnesses)

<Your Passenger Information>

<Passenger>

- <PersonInformation>
 - <LastName>
 - <FirstName>
 - <MiddleName>
- <AddressInformation>
 - <Addr1>
 - <Addr2>
 - <City>
 - <StateProv>
- <PostalCode>
- <Country>
- <CommunicationNumber>
- <ContactPhone>

<Attorney>

<AttorneyInformation>

- <WhoDoestheAttorneyRepresent>
- <Firm Name>
- <LastName>
- <FirstName>
- <MiddleName>
- <AddressInformation>
 - <Addr1>
 - <Addr2>
 - <City>
 - <StateProv>
- <PostalCode>
- <Country>
- <CommunicationNumber>
- <ContactPhone>

FIG. 6

 AMERICAN FAMILY INSURANCE

"When we had a claim, the turnaround was incredible. They were really responsive.
We'd highly recommend American Family Insurance."
... The East Family, Indiana

Claims

Agents
Careers
Claims
Report a Claim
Select a Repair Shop
Search for Car Rental
Catastrophe Information
Feedback
Financial Services
Insurance Options
Meet American Family
Quotes

American Family Insurance Claim Report

Other vehicle information has been completed

Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders Yes No

Let's Continue >>

 powered by ensera
Terms & Conditions

FIG. 7A



(Step 4 of 4) Other Person Information
Please enter as much information as you have available

Claims
[Report a Claim](#)
[Select a Repair Shop](#)
[Search for Car Rental](#)
[Catastrophe Information](#)

Feedback
[Financial Services](#)
[Insurance Options](#)
[Meet American Family](#)
[Quotes](#)

Role played in accident/incident

Check here if the name is unknown

First name

Middle initial

Last name

Address 1

Address 2

City

State

ZIP Code

Email address

Contact ext.

Contact ext.

Please enter any damaged property belonging to this person.

If this person was injured, please complete the following information.

Description of injury

Was an ambulance needed? Yes No

Medical provider/s
i.e., hospital, clinic

Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders Yes No

FIG. 7B

Please indicate the damage this vehicle has sustained.

Light: Scratched and/or slightly dented

Medium: Significantly dented, could include slight structural damage

Heavy: Significant structural damage

The form consists of a central image of a car, with eight boxes around it for each body panel. Each box contains a dropdown menu set to 'None'. To the right is a column of checkboxes for other types of damage.

Panel	Damage Type
Front	None
Left front	None
Top	None
Left side	None
Left rear	None
Rear	None
Right front	None
Right side	None
Underside	None
Right rear	None

Damage Types (checkboxes):

- All over
- Engine
- Interior
- Airbag
- Fire
- Wheel
- Other

FIG. 8

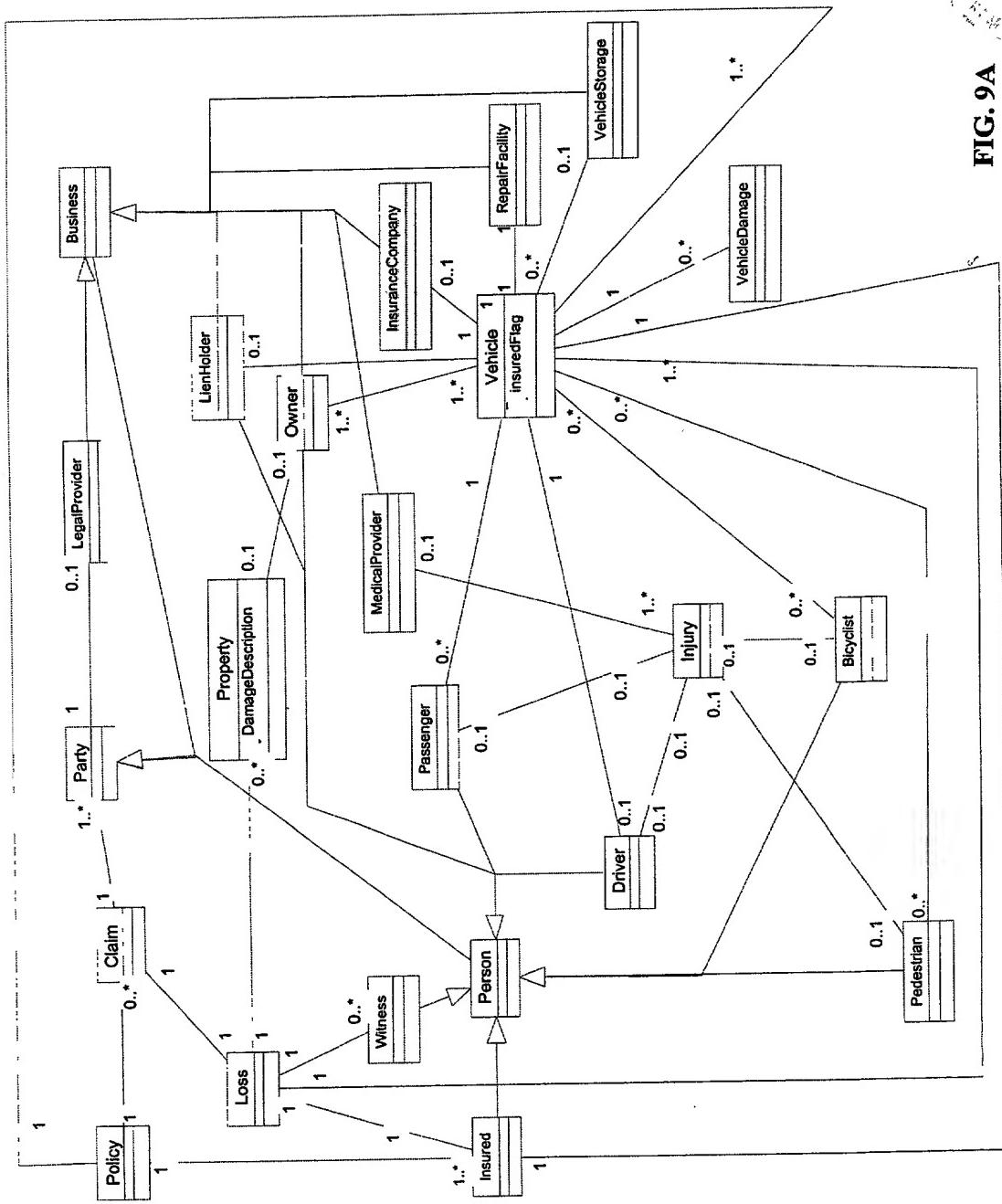


FIG. 9A

Claim	Loss	Policy	Coverage	Party
Claim Number	Date of Loss	Policy Type	Coverage type	Party type
	Time of Loss	Policy Name	Coverage amount	
	Weather Condition	Coverage begin date	Coverage deductible	
	Loss Type	Coverage end date		
	Loss Location	Policy period #		
	Loss Description			
	# Vehicles Involved			
	Anyone Injured?			
	Any law enforcement?			
	Law enforcement name			
	Report #			
	Any witnesses?			
	Any pedestrians?			

Individual	Business	Vehicle	Property
First Name	Business Name	Year	Owner Name
Middle Name	Tax ID Number	Make	Property Description
Last Name	Contact Name	Model	Address
Date of Birth	Contact Info	VIN	Phone
Social Security #	Reference Type	Color	email
Gender	Reference Number	Mileage	
Marital Status	Address	Lienholder	
DL State	Phone	Any/Other Insurance	
DL #	email	License plate State	
Address		License plate number	
Phone		Driver	
email		Passenger	
Injured?		Owner	
Deceased?			

Address	Phone	email	Injury	Vehicle Damage	Property Damage
Type	Type	email address	Type of Medical	Drivable?	Livable?
Street 1	Number		Amount of Medical	Damage location	Description
Street 2			Injury description	Damage severity	Contractor chosen?
City			Medications	RF Chosen?	Contractor Information
State			Body Part	RF Information	Estimate provided?
Zip			Type of Injury	Estimate provided?	Estimate amount
County				Estimate amount	
Country					

FIG. 9B

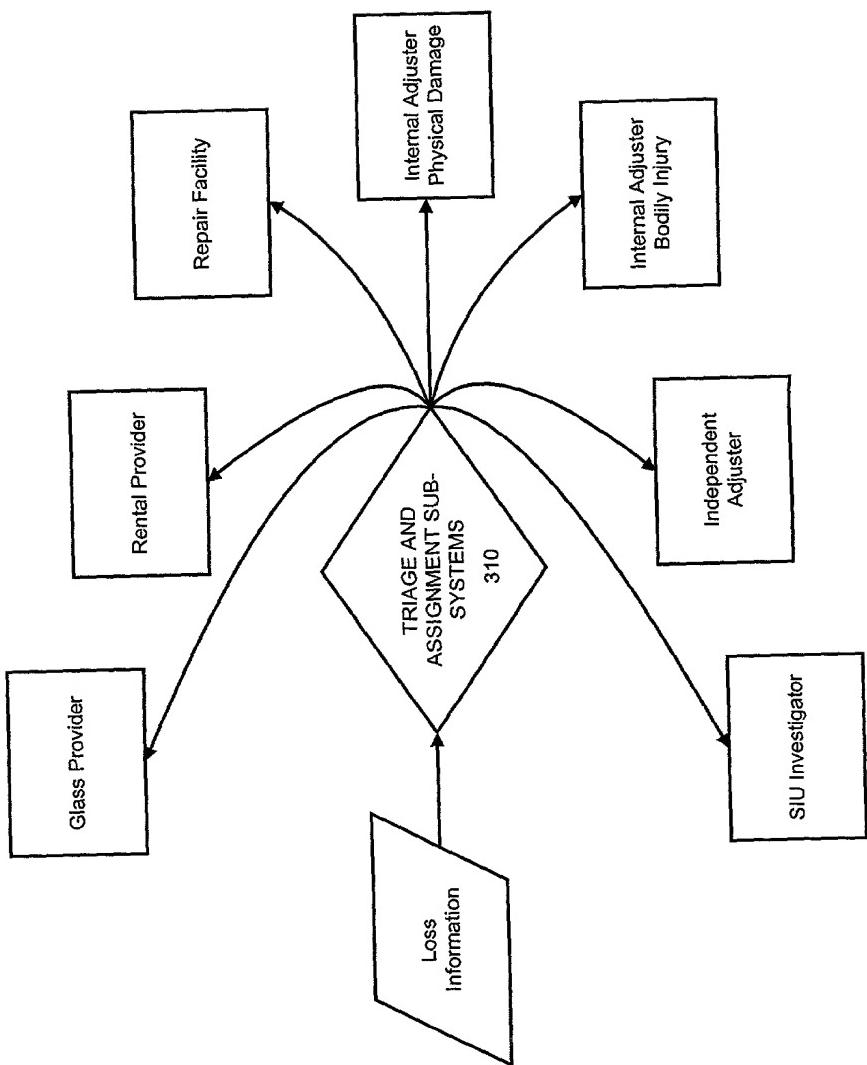


FIG. 10

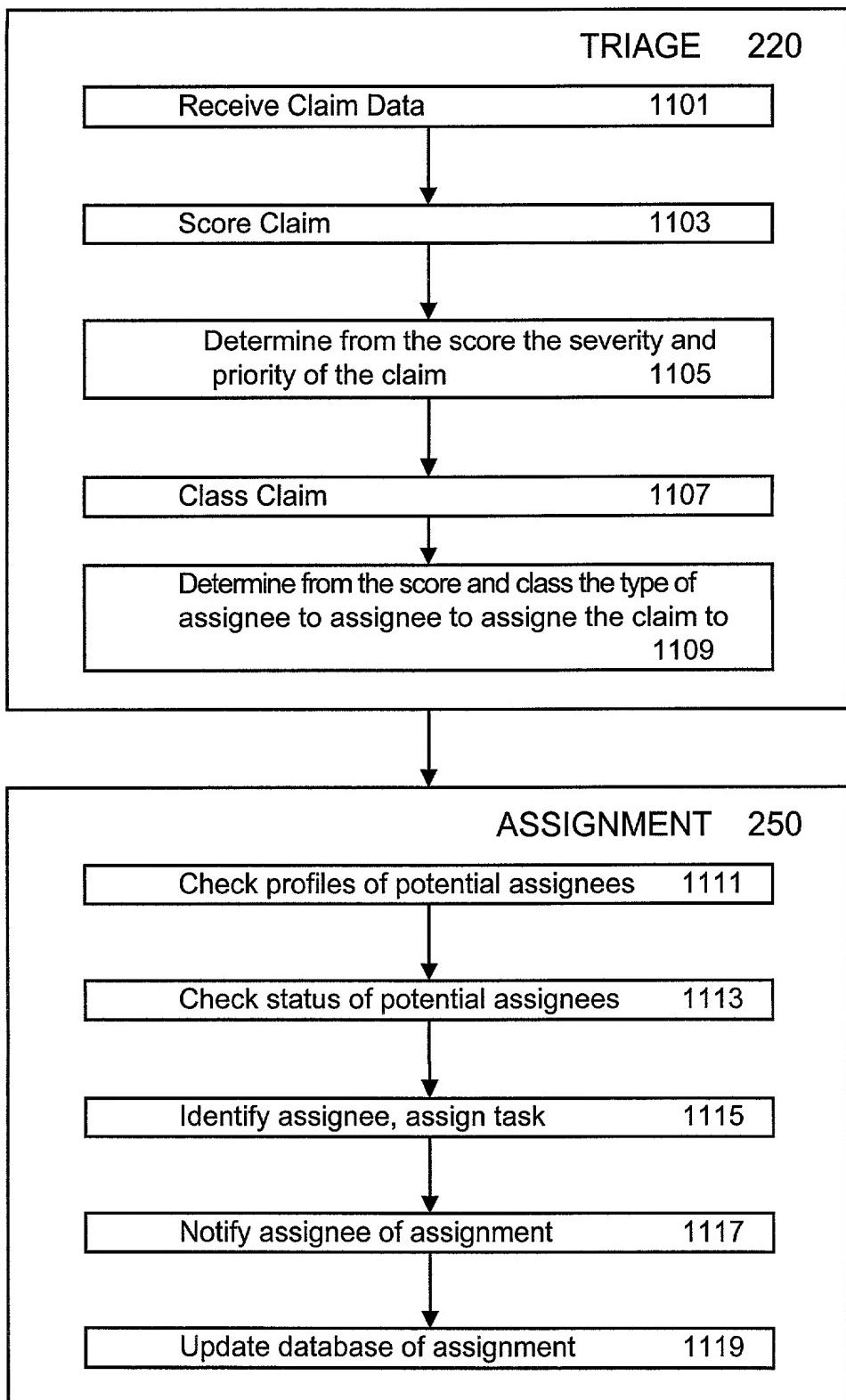


FIG. 11

Ensera_resources - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search Links Go Address C:\Documents and Settings\mmage1\Desktop\FFIC 1-19-01\FFIC demo 3\claim_search.htm

Deskview Directories System Administration Help Close

Claim number:	Date of Loss:	Jan 2000
Insured Name:	Adjuster ID:	1234
Claimant Name:	Status:	Open only
Policy Number:	search	

Date of Loss	Insured	Claimant	Claim #	Policy #	Date of Last Activity
10/1/00	Bob Dylan	Tom Rush	213-13-359478	6457631	10/2/00
		Carole King			
10/1/00	Swanson Perkins	Swanson Perkins	356-35-633245	3563245	10/2/00
		Steve Johnson			
10/2/00	Patrick Sorensen	Patrick Sorensen	343-43-38978Z	8584345	10/4/00
		Parkash Ravindikertum			
10/5/00	Carlos Vidal	Carlos Vidal	232-12-409865	8712346	10/7/00
10/6/00	Tracy Mertzler	Tracy Mertzler	232-24-387867	098770	10/14/00

Done My Computer

FIG. 12A

Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search Favorites History Mail Links Go Address C:\Documents and Settings\mmage1\Desktop\FFIC 1-19-01\FFIC demo 3\dv_frame.htm

Deskview Directories System Administration Help Close

Claim ID: 213-13-359478 for Bob Dylan: DOL 1/1/2001

Actions: [ASSIGN APPRAISAL](#) [RETURN TO LIST](#)

Policy 5603-1246	Insured vehicle
Vehicles	Make: Honda Model: Accord Year: 1997 Color: Blue
1997 Blue Honda Accord	License plate: 4356-SR4 State: CA Mileage:
Bob Dylan	VIN: 12345ASDV-5345345D
Tom Rush	Drivable: YES Damages Areas:
1999 Ford Mustang	Engine damage: NO Left front Medium
Carole King	Interior damage: NO Front Medium
Unknown	Air bag deployed: YES Underside: Light
Property	Fire damage: NO
Stop sign	Tire damage: YES
Other parties	Damage description: Damage to the front bumper, front grill, left front light, and
Joni Mitchell	

Done My Computer

FIG. 12B

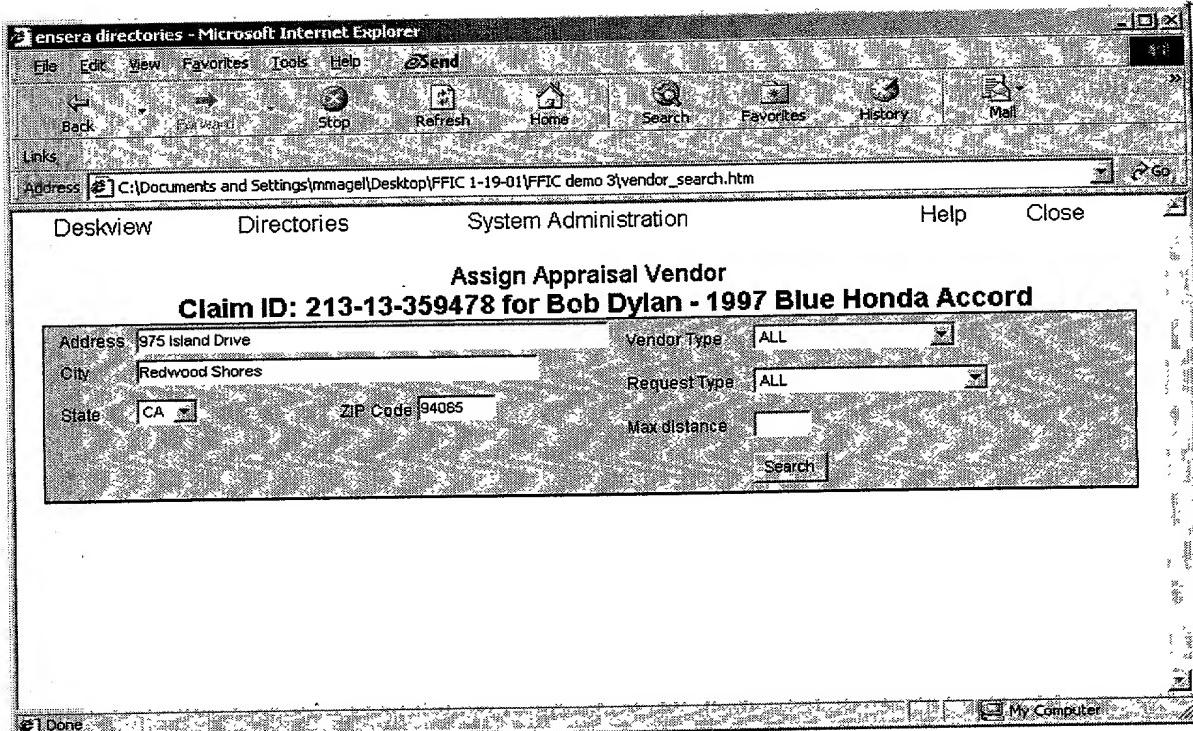


FIG. 12C

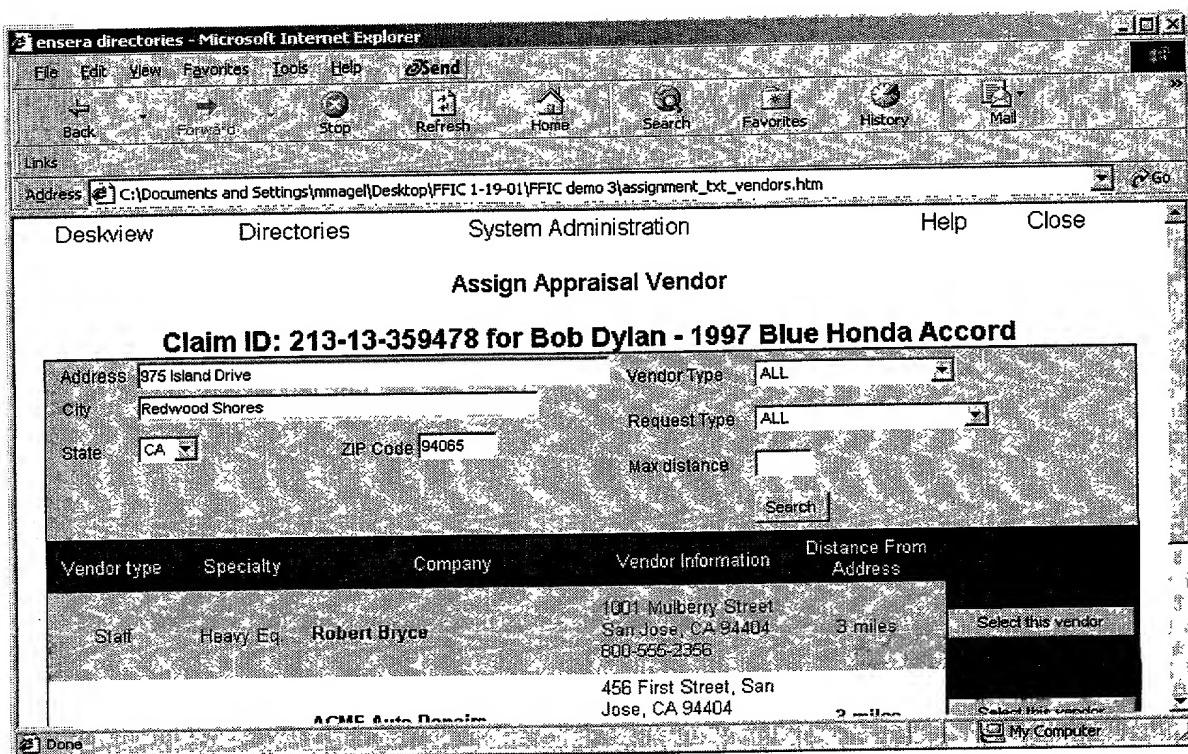


FIG. 12D

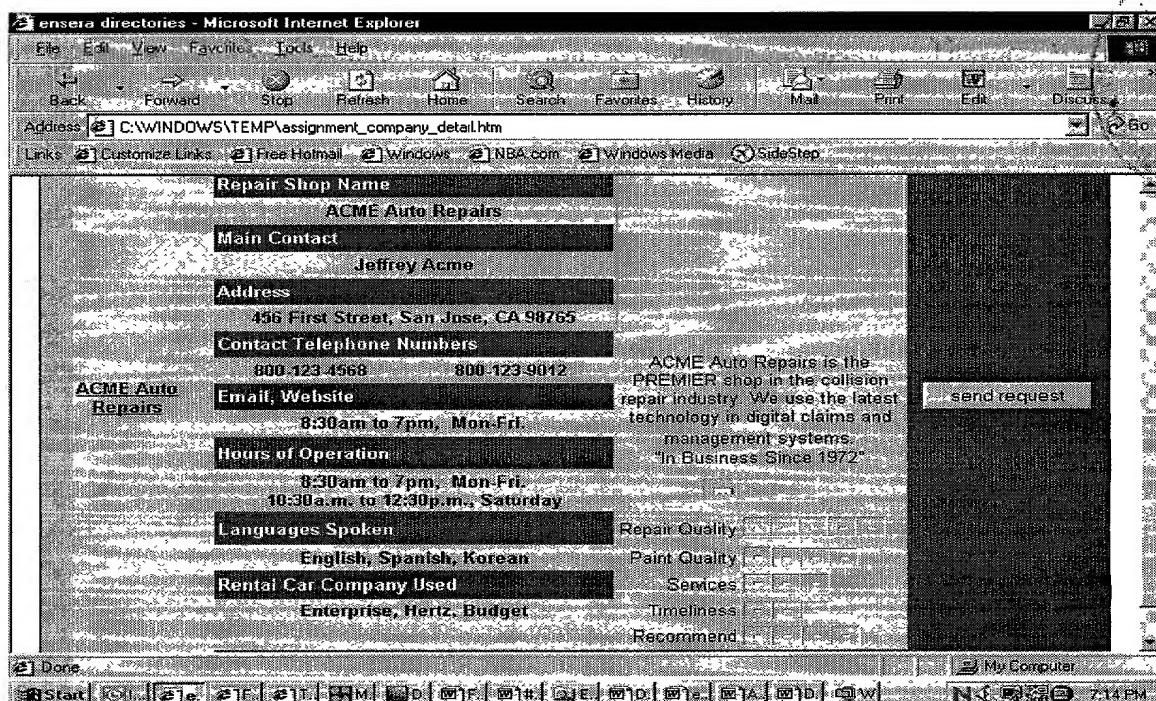


FIG. 12E

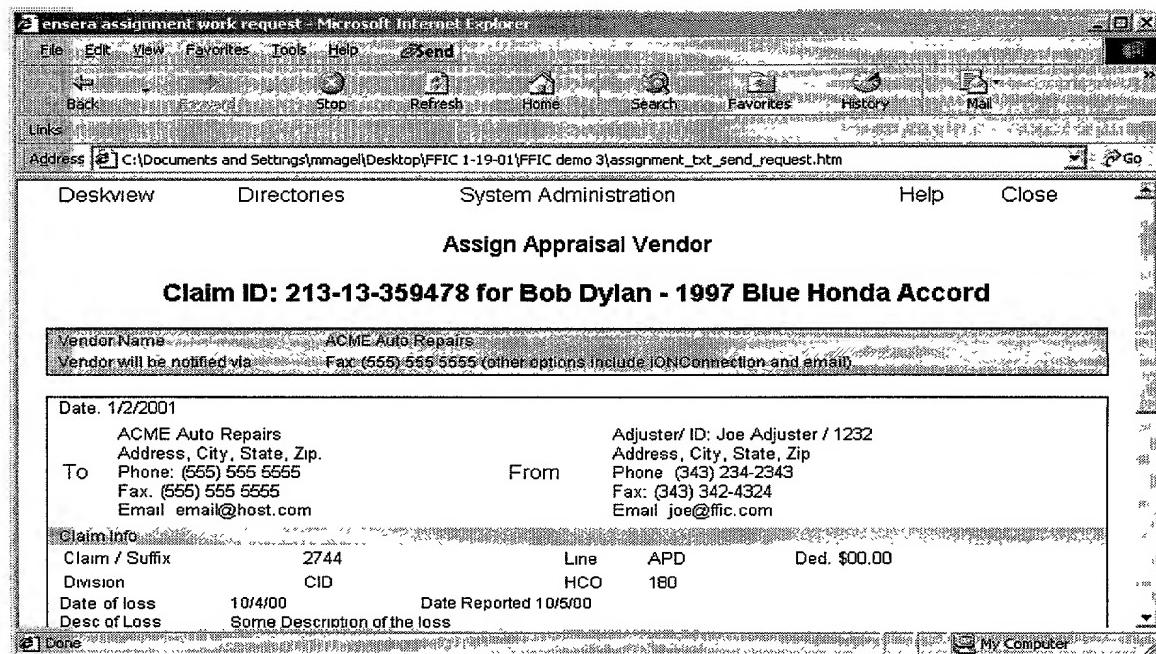


FIG. 12F

Field NAMES	Format	DATA LEVEL	Description
Claim number	###-##-###-### ALPHA NUM	CLAIM	Aco-yr-claim#
Insured name	ONE FIELD- 30 BYTES	CLAIMS SUFFIX	
HCO	### = 3 DIGITS	CLAIM	ID FOR HANDLING CLAIM OFFICE
Status	X = ONE LETTER	SUFFIX	o=open, c=closed; p=pending, r=reopened
Rep / CA	XXX = ALPHA NUMERIC	SUFFIX	representative or claims assist assigned to suffix - REASSIGNED
SUP		SUFFIX	ID ADJUSTER OR SIU ON REASSIGNED CLAIM
RECEIVE DATE	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =REPORT DATE
DATE OF LOSS	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =DOL
DATE OF MAKE UP	Cc/YY/MM/DD	SUFFIX	8 DIGIT =FIRST RESERVE
ACCIDENT LOCATION -CITY	ONE FIELD	CLAIM	AT LEAST 20 BYTES
STATE	TWO DIGIT ALPHA	CLAIM	2 BYTES
SUFFIX - SX	XXX =3 DIGIT NUMERIC	SUFFIX	ID'S CLAIM SEGMENT/COVERAGE
LINE ABBREVIATION	5 BYTES	SUFFIX	COL=COLLISION; APD=THIRD PARTY; AOC=COMPREHENSIVE/RENTAL
CLAIMENT / OBLIGEE	ONE FIELD - 30 BYTES	SUFFIX	
ADDRESS -CLMNT	ONE FIELD - 30 BYTES	SUFFIX	
CITY - CLMNT	ONE FIELD - 30 BYTES	SUFFIX	
STATE-CLMNT	TWO DIGIT	SUFFIX	STATE CLAIMENT RESIDES
ZIP CODE	#####-###-### 9 BYTES	SUFFIX	STD PLUS 4 FORMAT
AC - AREA CODE -CLMNT	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-CLMNT	###-###-###	SUFFIX	STANDARD
ATTORNEY	ONE FIELD - 25 BYTES	SUFFIX	
DEDUCTIBLE AMOUNT	ONE FIELD - 7 BYTES	SUFFIX	
AC - AREA CODE -ATTRNY	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-ATTRNY	###-###-###	SUFFIX	STANDARD
PLAINTIFFS	ONE FIELD - 25 BYTES	SUFFIX	STANDARD
FIRM/BUSINESS			
DESCRIPTION OF LOSS	2 SECTIONS - 45 BYTES	CLAIM	ALPHA NUMERIC
POLICY NUMBER	XXX-XXXXXX 11 BYTES ALPHA NUMERIC	CLAIM	3 CHAR PREFIX,8 DIGIT POL. #
EFFECTIVE DATE	Cc/YY/MM/DD	CLAIM	8 char
EXPIRATION DATE	Cc/YY/MM/DD	CLAIM	8char
VEHICLE MAKE	10 BYTES ALPHA NUMERIC	CLAIM	
VEHICLE MODEL	10 BYTES ALPHA NUMERIC	CLAIM	
AUTO NUMBER	XX=TWO DIGITS	CLAIM	NUMBER OF INSURED VEHICLE AS SHOWN ON POLICY
AUTO YEAR	XX=TWO DIGITS	CLAIM	YEAR INSURED VEHICLE WAS INVOLVED IN A LOSS
VEHICLE MODEL YEAR		CLAIM	
INSIDE APPRAISER	XXX- 3 CHARACTER	CLAIM	ID'S IN-HOUSE FFIC APPRAISER
VEHICLE ID NUMBER -VIN	17 CHARACTERS ALPHA NUMERIC	CLAIM	MFG UNIQUELY ID'S VEHICLE
OUTSIDE APPRAISER	20 BYTES	SUFFIX	NAME OF OUTSIDE APPRAISAL FIRM
DATE SUFFIX CLOSED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DATE SUFFIX REOPENED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DEDUCTIBLE INDICATOR	X= ONE CHARACTER	CLAIM	ID'S WHETHER DED APPLIES TO CLAIM
DATE CLAIM CLOSED	Cc/YY/MM/DD	CLAIM	CLOSED AT CLAIM LEVEL
IRS NUMBER	10 DIGITS #####-###-### (#)	suffix	SOCIAL SECURITY OR TAX ID # FOR PERSON RECEIVING PAYMENT
Invoice Number	10 digits	suffix	Internal number if intending to pay claim

FIG. 13

Header

Transaction ID: (*a unique identifier of this transaction. Use ACTIVITY_ID from ACTIVITY_LOG*)

(Title of document): *Appraisal Assignment Transmittal*

(Date of document): *01/01/2001*

Assignment type: *2 (this is a code value - ASSIGNMENT_TYPE_CV)*

Assignment type description: *CLASS shop appraisal (translation of type above)*

Assignment (to)

Assignee ID: (*the directory id for this service provider - SERVICE_PROVIDER_ID*)

ION Connection ID: (*the unique ID used for iON Connection - ION_CONNECTION_NUMBER*)

Assignee name: *ACME Auto Repair*

Address: *350 Wooster Ave*

City: *San Jose*

State: *CA*

ZIP: *95116*

Phone: *800-555-1111*

Fax: *408-965-7224*

E-mail: *acmeauto@mymail.com*

Adjuster (from)

Adjuster name (first last): *David Crosby*

Address: *777 San Marin Drive*

City: *Novato*

State: *CA*

ZIP: *94998*

Phone: *650-333-3434*

Fax: *415.899.4321*

E-mail: *dcrosby@carrier.com*

Adjuster ID: *213 F 823*

Request

(This is short paragraph description the type of request and the how it should be handled. This paragraph along with the instruction – see below – will come from a new table which will be accessed by carrier id & assignment type)

This assignment is not a confirmation of coverage or acceptance of liability. Payment responsibility remains with the vehicle owner unless otherwise confirmed ...

Additional comment

(This is an area for notes specific to this assignment not covered in other fields. This is optional – OTHER COMMENT from ASSIGNMENT.)

Instructions

(This is a list of completion instructions. This will list several steps that need to be done to complete this assignment. See notes in Request above. Probably 5 steps. Carry as 10 different fields – each with length of 50)

1. *Provide vehicle owner with copy ...*
2. *Fax the completed Fax transmittal / status sheet, estimate ...*
3. *Fax a copy of the estimate only to ...*
4. *Unless we receive a Direction of Pay authorization ...*
5. *Mail the original estimate and photos to the claims office ...*

CCC ID: (*a code that identifies FFIC to CCC for a total loss valuation. The id is different for each state. This may not be necessary.*)

Claim information

Claim / Suffix #: *213-13-359478 001*

HCO: *640*

Date of loss: *01/01/2001*

Date reported: *01/01/2001*

Policy number: *111111*

Deductible amount: *\$250*

Description of loss: *While driving down route 4, the car in front of me stopped short in the middle of the street. My car struck the rear of his car causing damage to my front end, including the hood and only minor damage to his rear bumper*

Insured name (first last): *Bob Dylan*

Vehicle owner information

Vehicle owner (first last): *Bob Dylan*

Address: *975 Island Drive*

City: *Redwood Shores*

State: *CA*

ZIP: *94065*

Phone 1: *work: 650.472.2600*

Phone 2: *home: 650.472.9876*

Vehicle information

Location: *at Zappa's Autobody & Repair*

Model: *Accord*

License: *4356-SR4*

Color: *Blue*

VIN: *12345ASDV-5345345D*

Description of damage: *Damage to the front bumper, front grill, left front light, and to the hood.*

Prior damage: *None reported*

Drivable: *Yes*

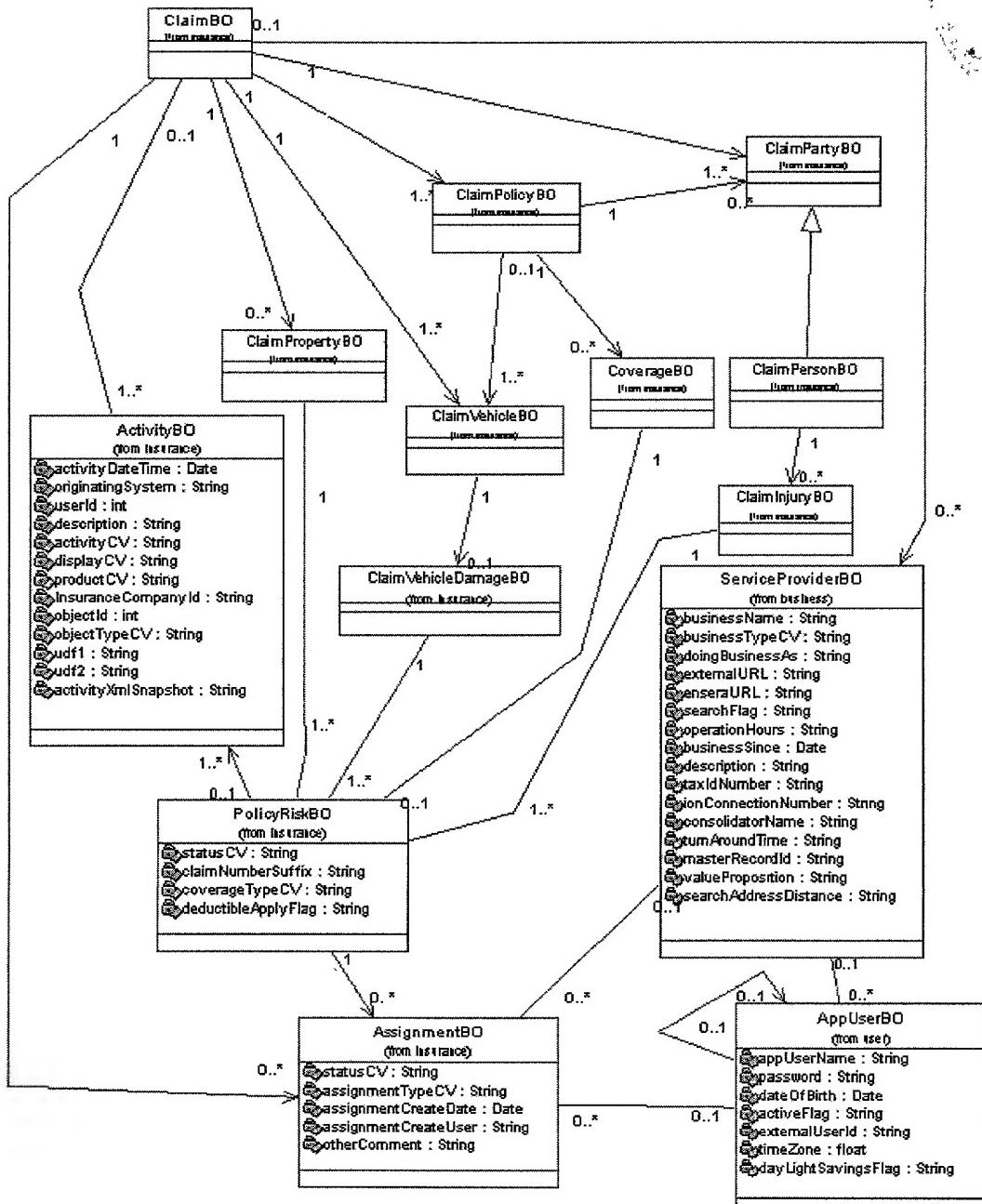


FIG. 15

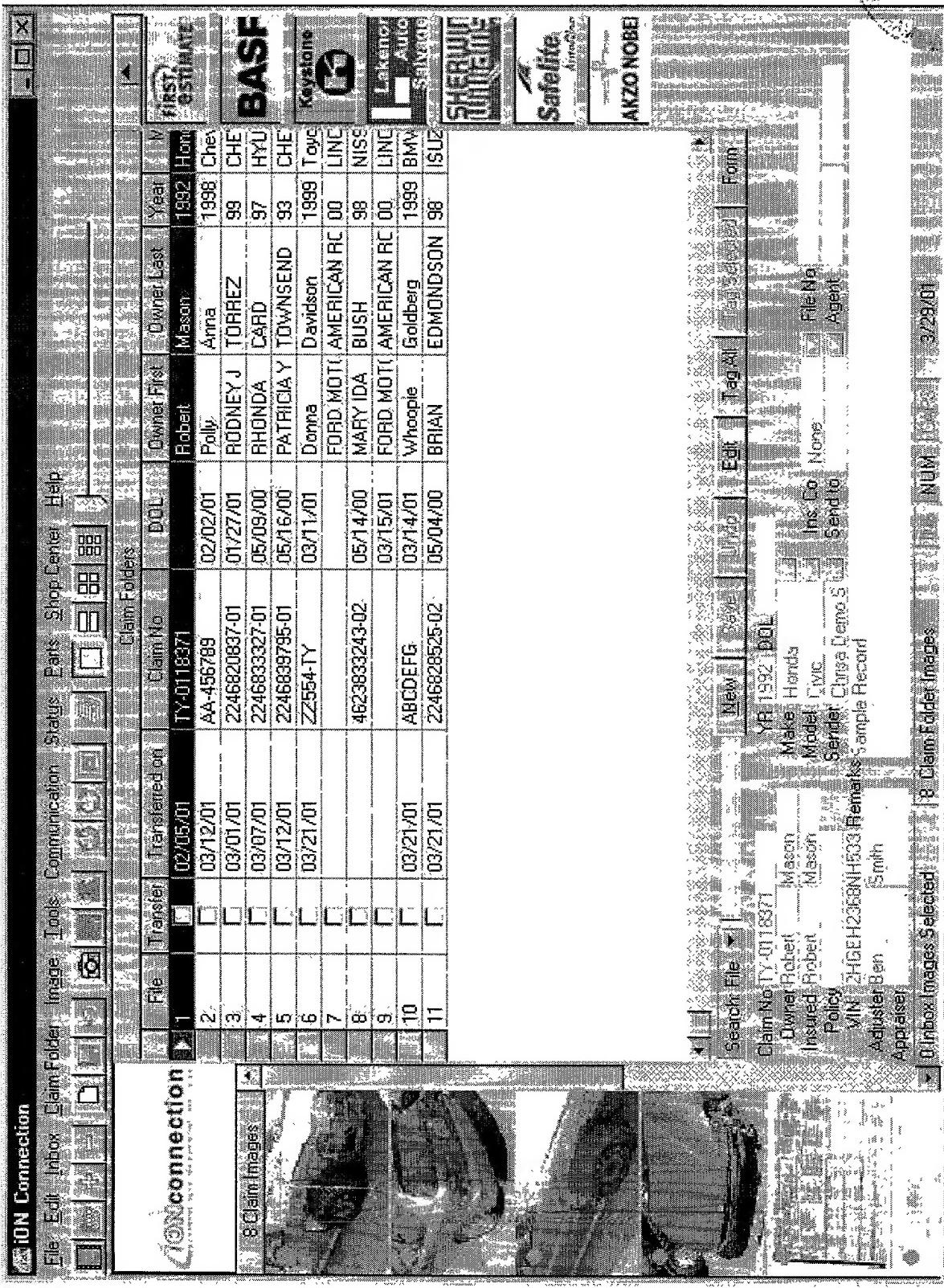


FIG. 16

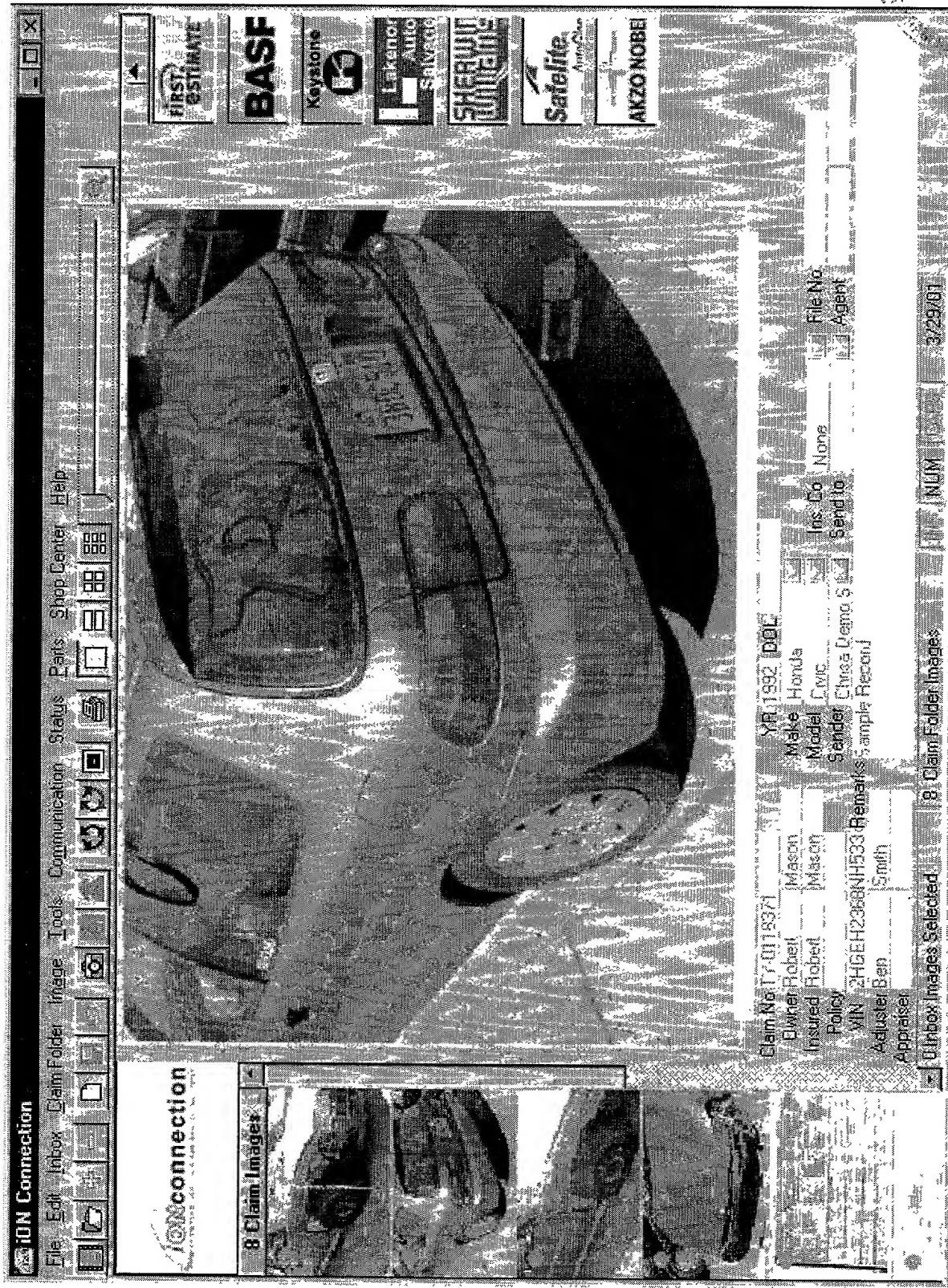


FIG. 17

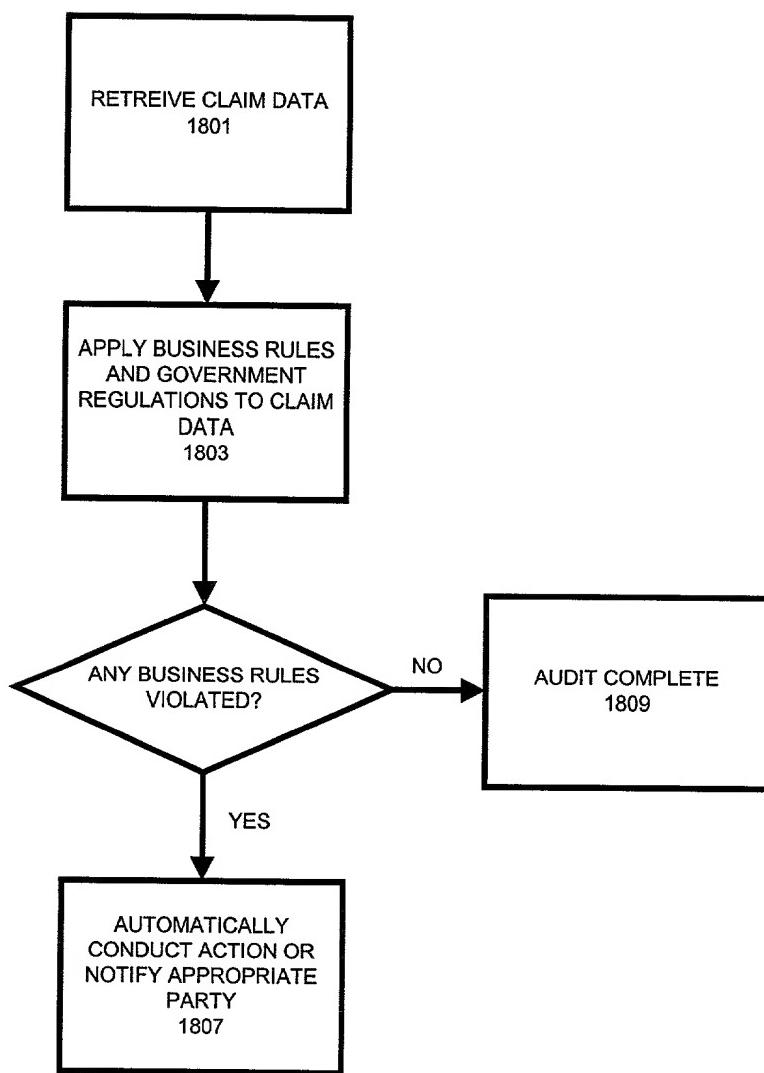


FIG. 18

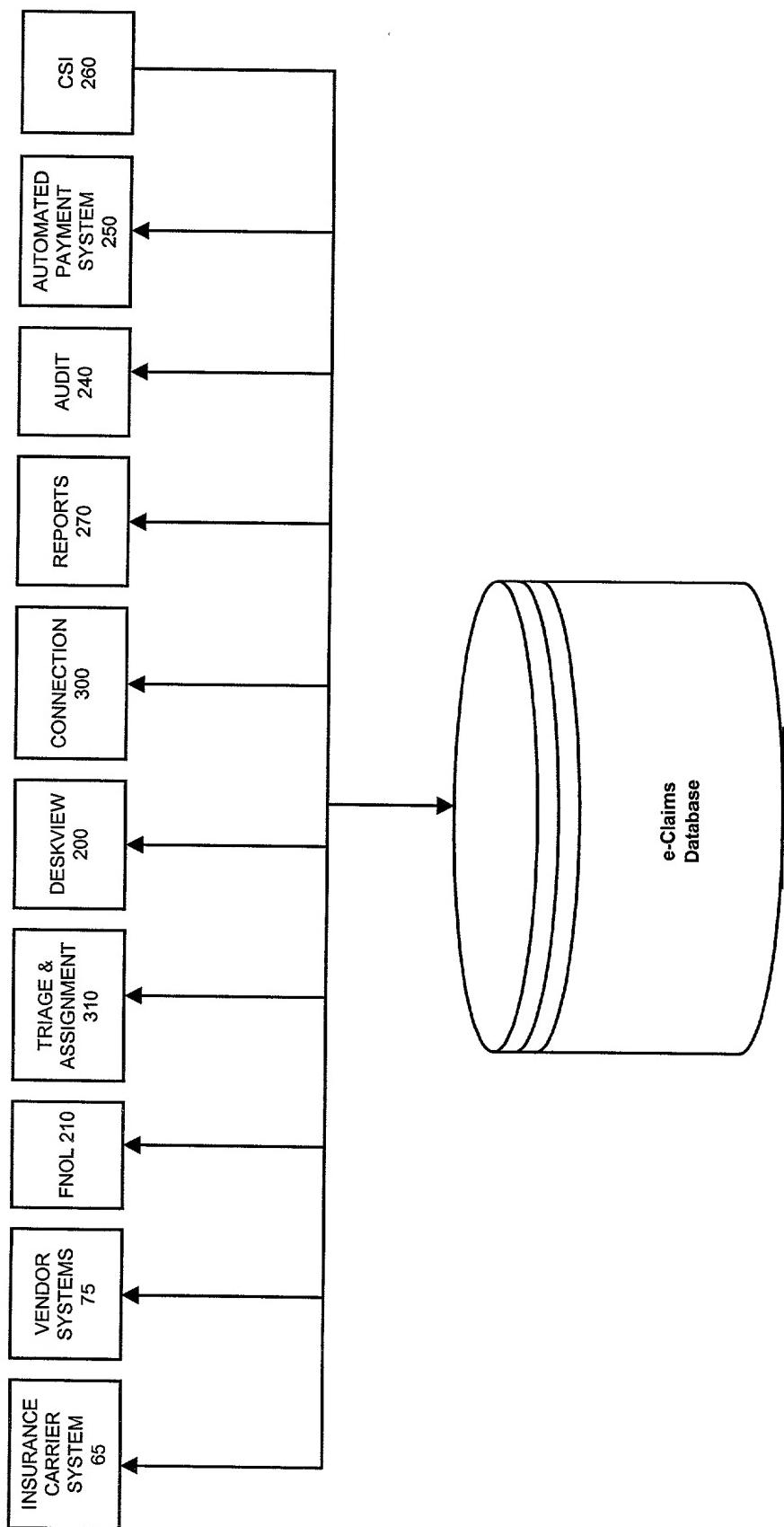


FIG. 19

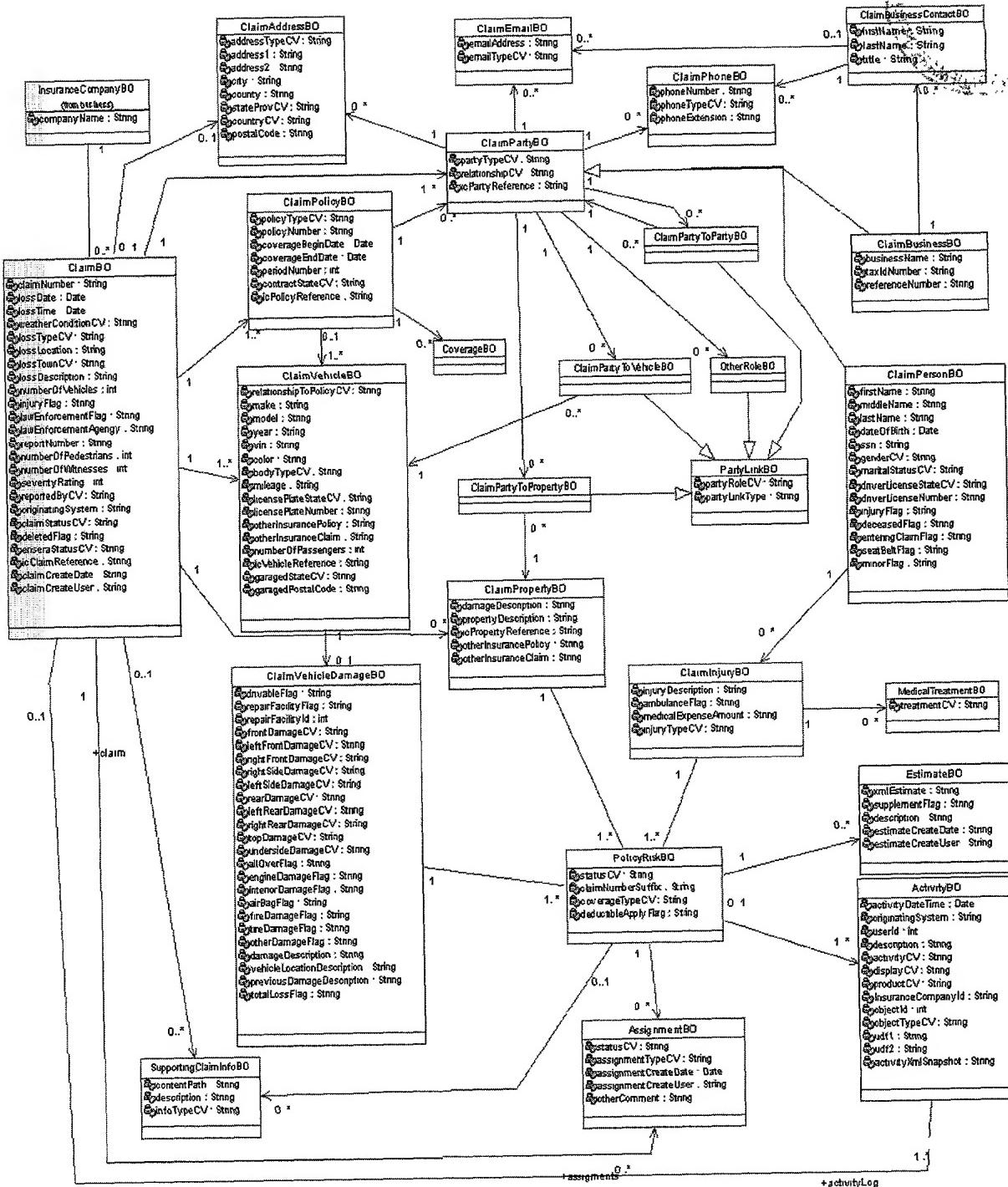


FIG. 20

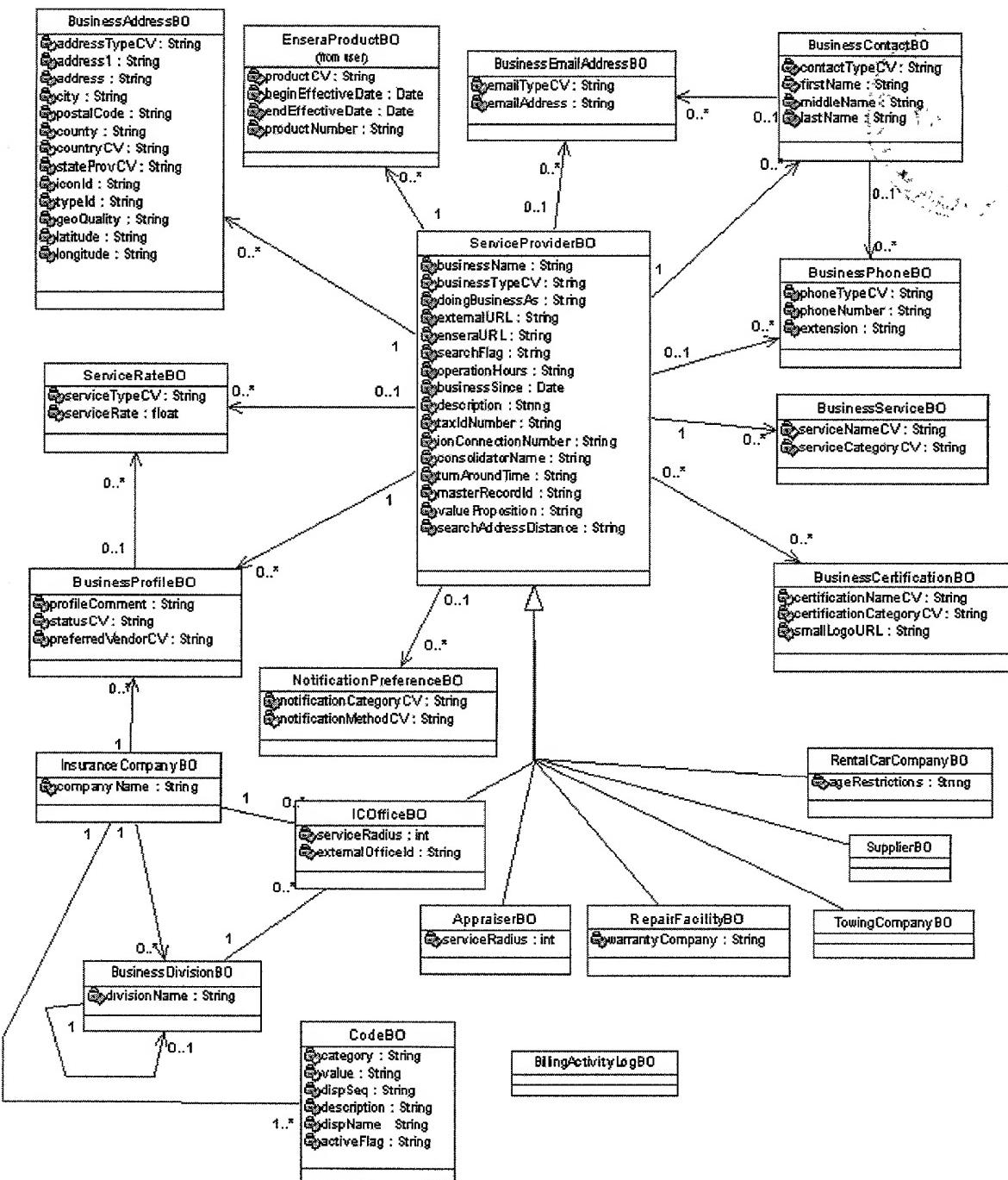


FIG. 21

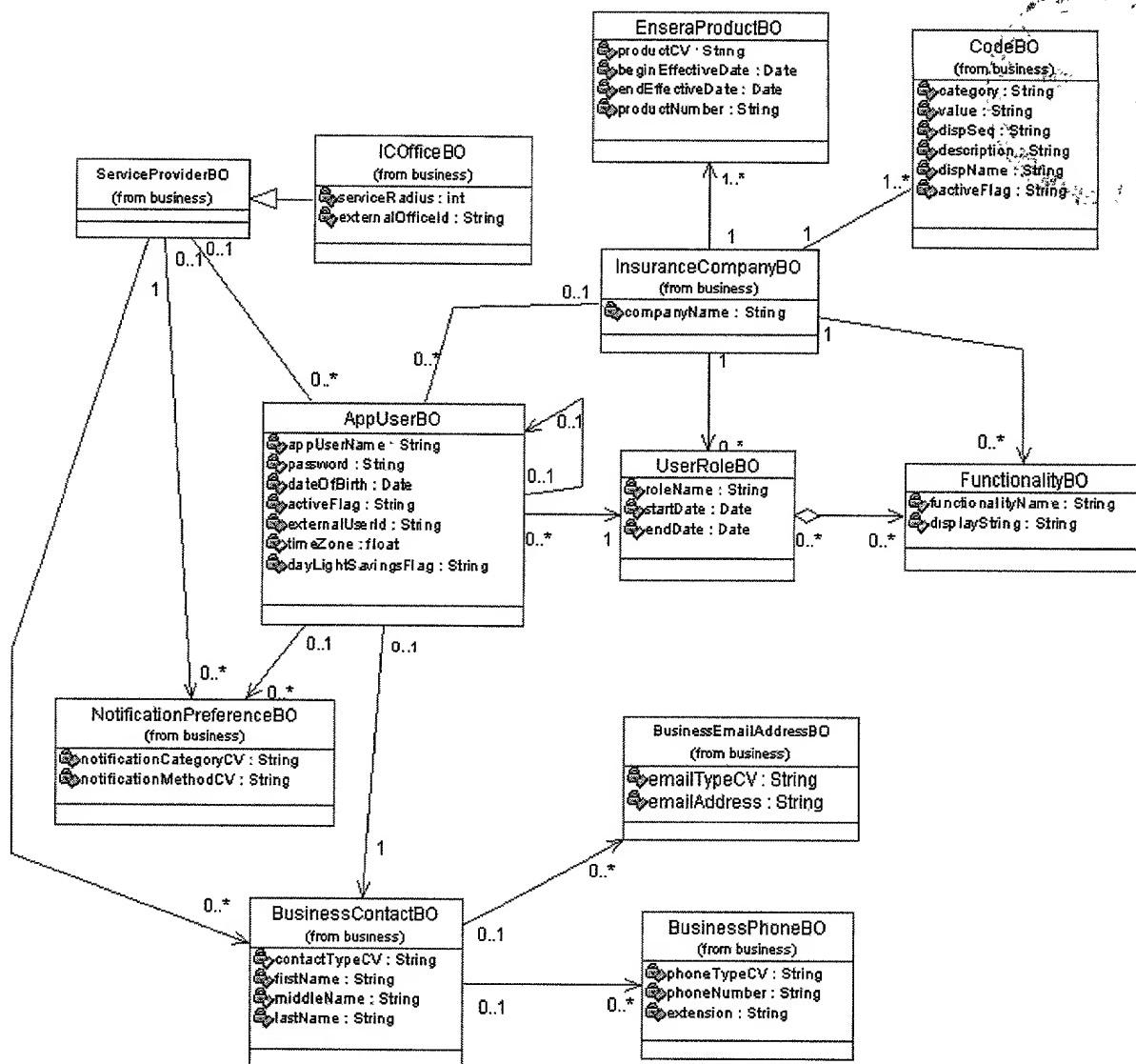


FIG. 22

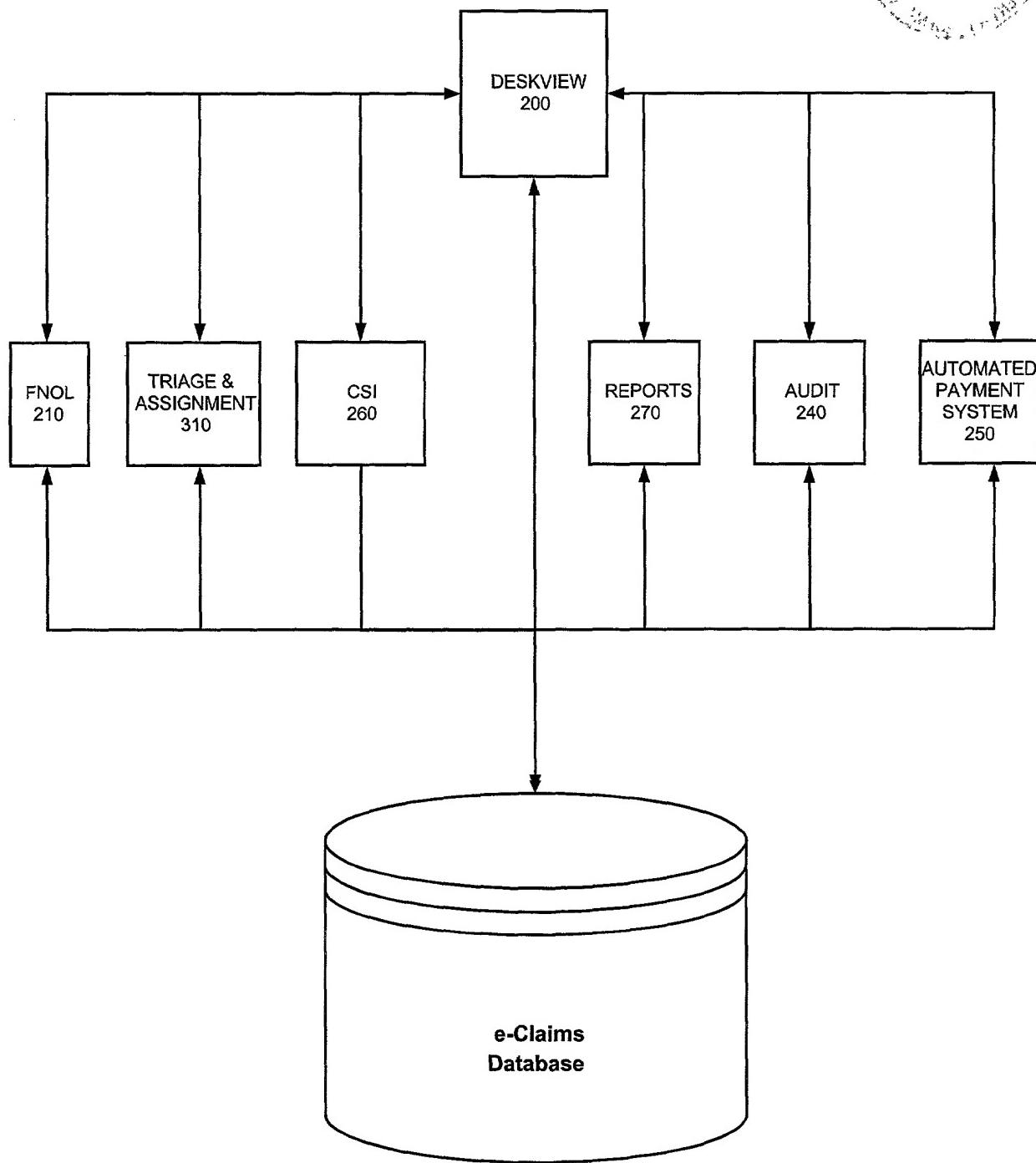


FIG. 23

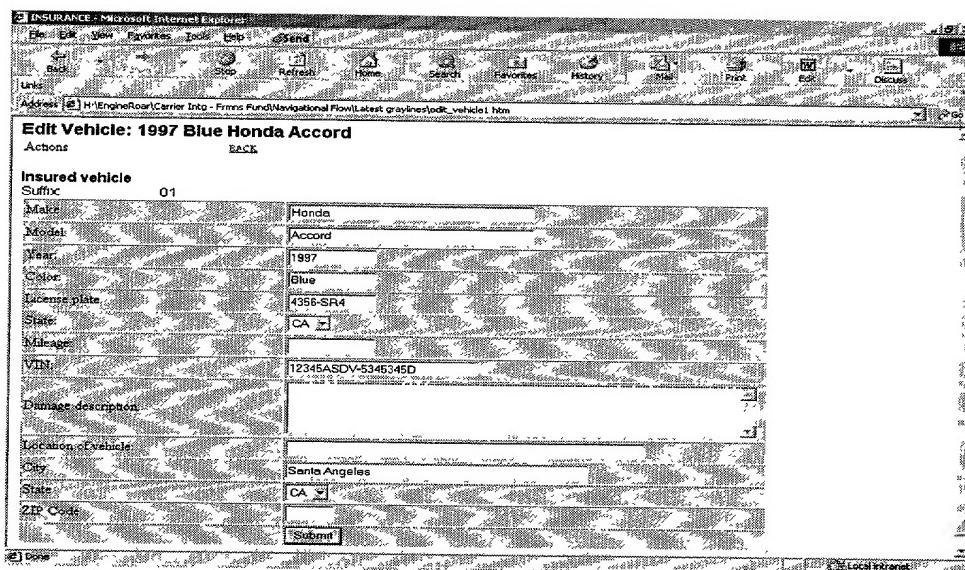


FIG. 24A

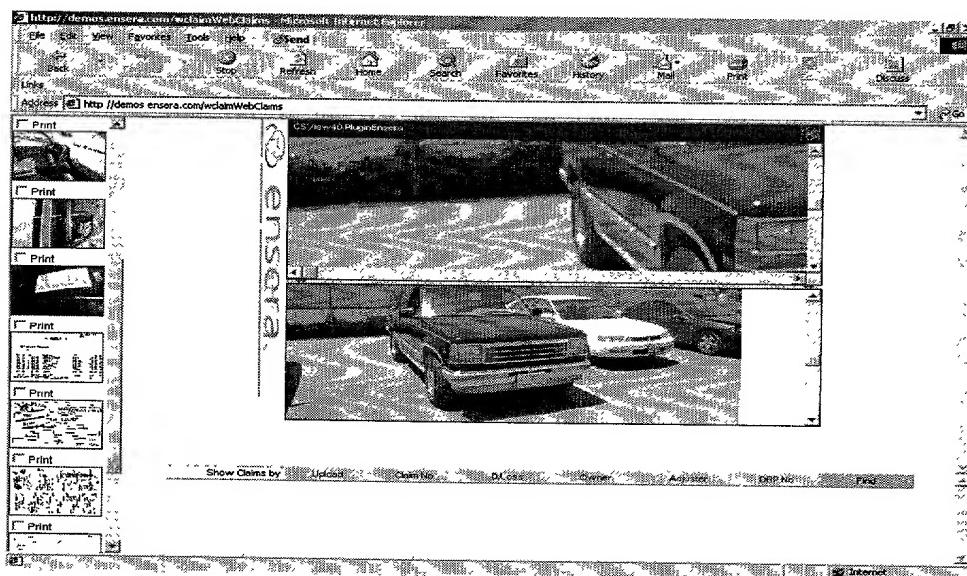


FIG. 24B

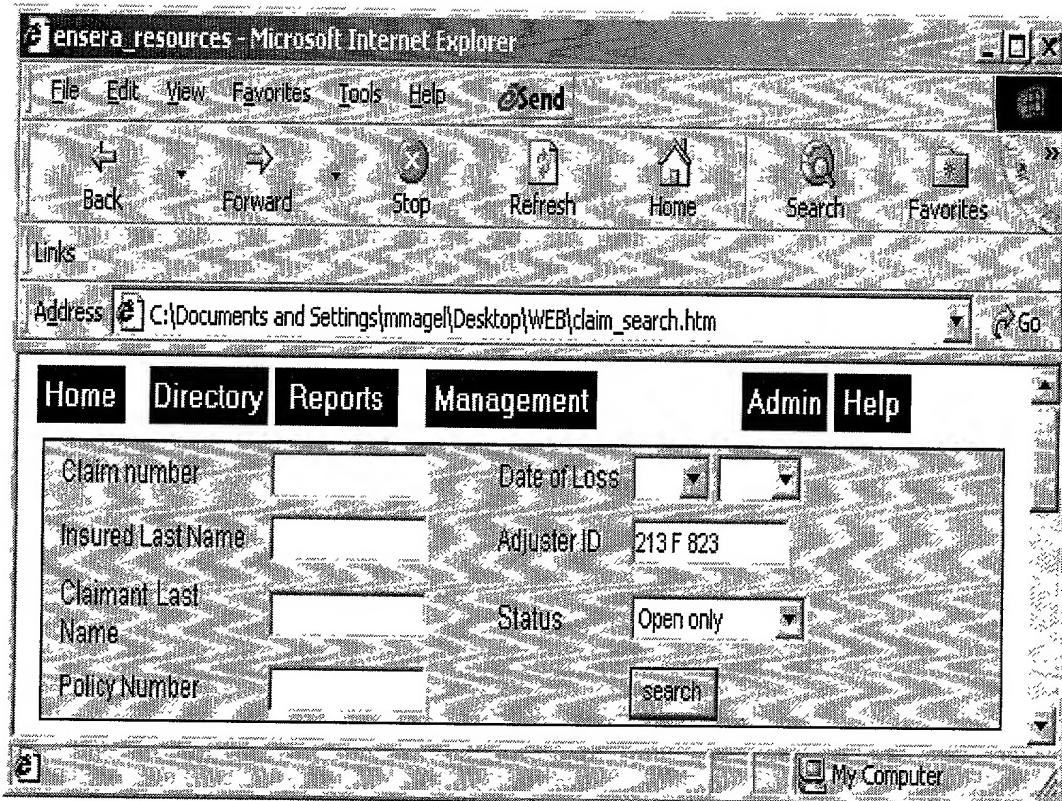


FIG. 25

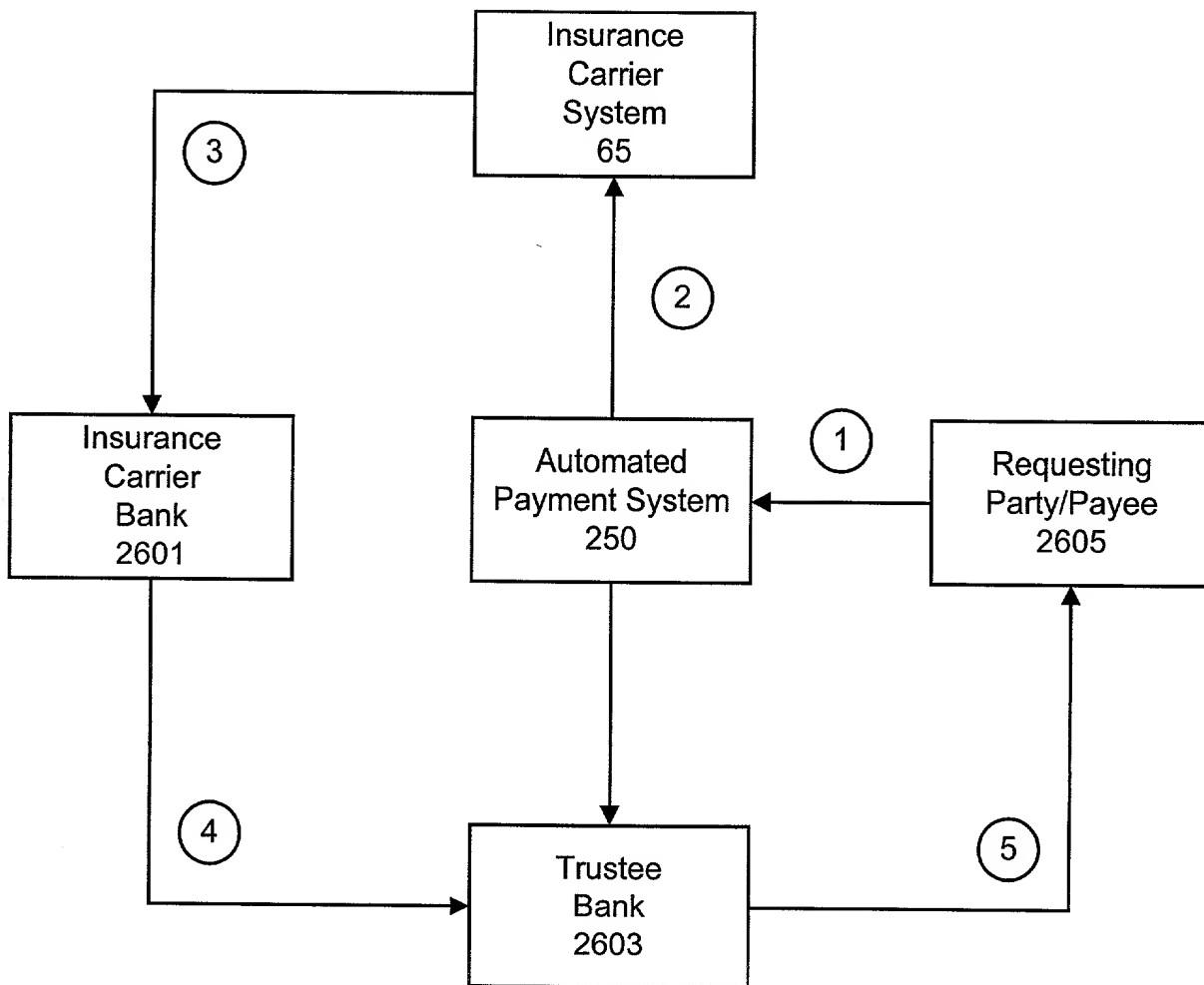


FIG. 26

250

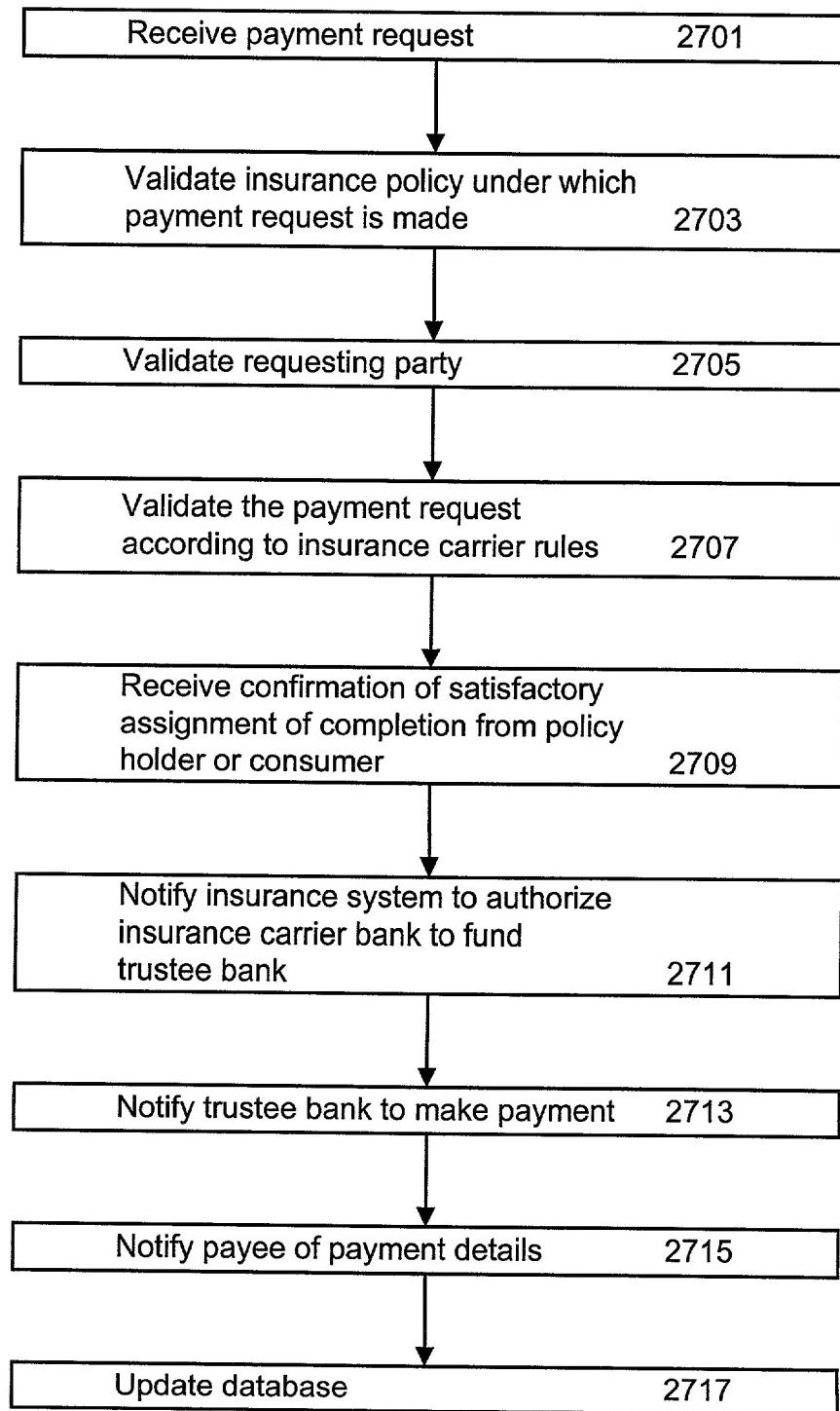


FIG. 27

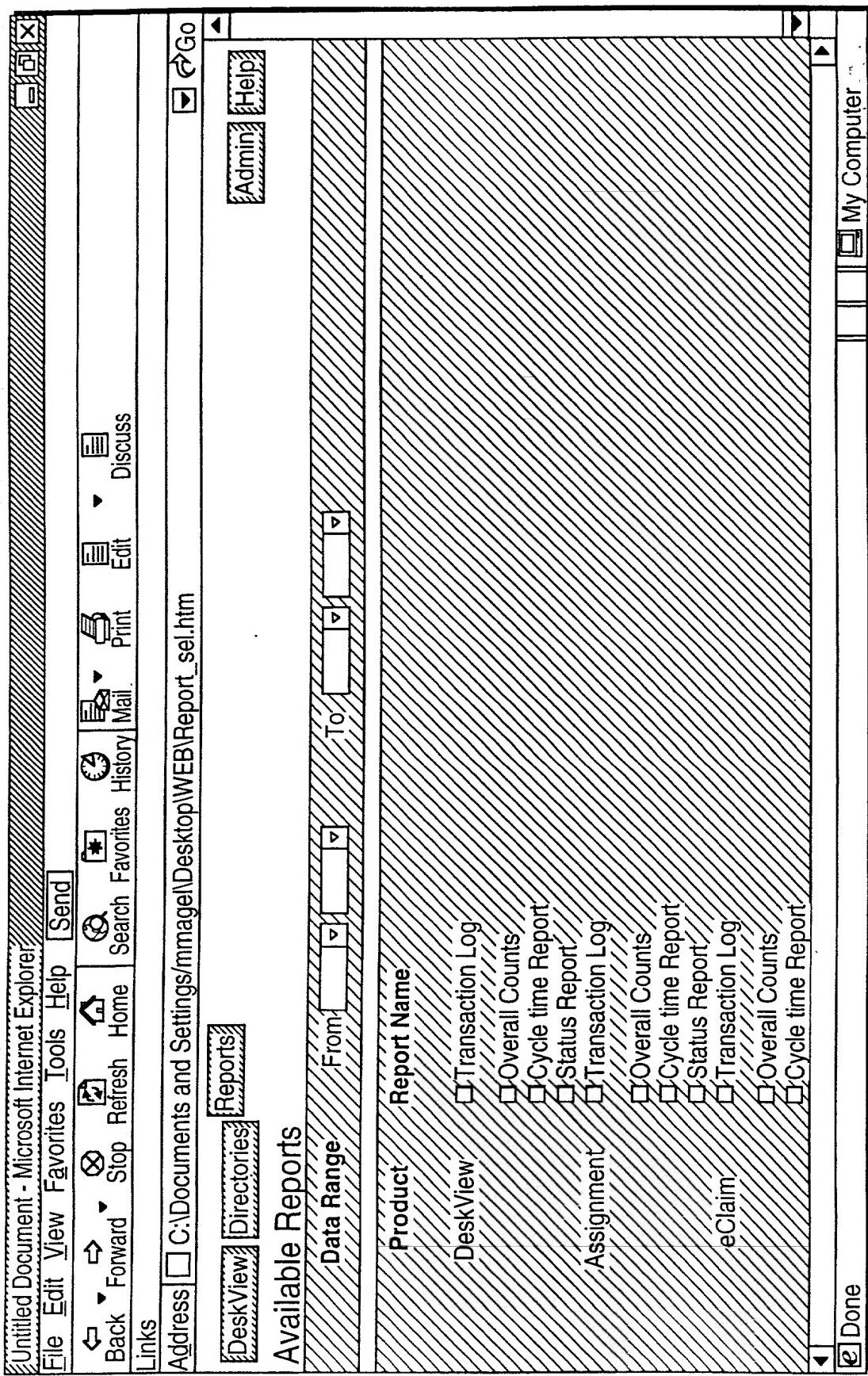


FIG. 28

FIG. 29

GEOGRAPHICAL ANALYSIS												
Regions	States	WORKLOAD			LOSS			PARTS			Parts Cost Vs Total Est.	
		New Claims (#)	Est. Rec'd (#)	Claim Rec'd per Day	Total Severity (avg-incl. suppss)	Avg Supp. Am. (\$)	Supps Vs Est. (%)	Non-Divable Veh. Ratio	Drive-in Only vs Est. Ratio	OEM %	A/M Parts %	Salvage Parts 5
Region 1												
11	Region 1	1132	873	75%	38	\$ 2,344.00	\$ 792.25	36%	23%	56%	93%	7%
12	Region 2	1230	638	56%	41	\$ 1,116.63	\$ 94.25	9%	17%	42%	39%	42%
13	Region 3	475	281	54%	16	\$ 1,972.00	\$ 555.25	21%	16%	40%	87%	3%
14	Region 4	771	392	54%	26	\$ 3,463.50	\$ 600.50	10%	16%	41%	42%	52%
15	Average	902	546	60%	30	\$ 2,224.03	\$ 510.56	19%	18%	45%	65%	26%
16	Total	3608	2184	-	120	\$ 8,896.13	\$ 2,042.25	-	-	-	-	9%
17	Region 1 - State Breakout											
21	California	400	435	109%	13	\$ 1,375.00	\$ 885.00	64%	33%	82%	75%	25%
22	Oregon	335	275	82%	11	\$ 3,212.00	\$ 1,185.00	34%	25%	62%	98%	2%
23	Nevada	285	65	23%	10	\$ 3,000.00	\$ 896.00	30%	7%	17%	100%	0%
24	Washington	112	98	87%	4	\$ 1,789.00	\$ 286.00	16%	26%	65%	100%	0%
25	Average	283	218	75%	9	\$ 2,344.00	\$ 792.25	36%	23%	56%	93%	7%
26	Total	1132	873	38	\$ 9,376.00	\$ 3,169.00	-	-	-	-	-	\$ 809.38
27	Region 2 - State Breakout											
28	READY Assignee Report Summary Geographical Summary 1 Vehicle Type Summary 1 Trend A											
	Start	Manage...	ION Repo...	ION Repo...	Microsoft...	Napster...	REION...	Microsoft...	Microsoft...	Microsoft...	Microsoft...	Microsoft...

FIG. 30

Microsoft Excel - ttttttt SAMPLE DATABASE 12-1-00																	
File		Edit		View		Insert		Format		Tools		Data		Window		Help	
Atrial		B		C		D		E		F		G		H		I	
G7	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	
Kate Today		Prompt															
1	CLAIM #	STATE	COVERAGE	Zone	Region	Claims office	DESK	Adjuster	Staff Appraiser	Policy	Submitted	Time	Submit	J	◀	▶	
2	1	MO	hall	5	Southwest	E	adjuster 200	appraiser 526		12/17/1999	12:00 PM						
3	3	IL	thefts	3	Midwest	D	adjuster 112	appraiser 58		12/17/1999	12:04 PM						
4	4	IL	no other vehicle	3	Midwest	D	adjuster 117	appraiser 59		12/17/1999	3:27 PM						
5	5	IL	bicyclist	3	Midwest	D	adjuster 112	appraiser 60		12/19/1999	3:59 PM						
6	6	IL	other vehicle	3	Midwest	D	adjuster 111	appraiser 56		12/21/1999	11:29 AM						
7	7	CA	no other vehicle	1	West	B	Kate Toby	Axle Rose		1/8/2000	4:25 PM						
8	9	CA	other vehicle	1	West	B	Tom Otto	Jimmy Page		1/10/2000	2:06 PM						
9	10	CA	no other vehicle	1	West	B	Susan Wen	Janis Joplin		1/10/2000	5:19 PM						
10	11	CA	bicyclist	1	West	B	Kate Toby	Geraldine Hagar		1/10/2000	6:51 PM						
11	12	CA	bicyclist	1	West	B	Tom Otto	Jenny Hilfinger		1/11/2000	1:02 PM						
12	13	CA	bicyclist	1	West	B	Susan Wen	Abe Lincoln		1/12/2000	3:47 PM						
13	14	CA	no other vehicle	1	West	B	Kate Tony	George Washington		1/13/2000	10:18 AM						
14	15	WI	flood	3	Midwest	F	adjuster 300	appraiser 435		1/14/2000	6:43 AM						
15	16	CA	bicyclist	1	West	B	Tom Otto	Thomas Jefferson		1/15/2000	12:26 PM						
16	17	CA	no other vehicle	1	West	B	Susan Wen	Tim Wrend		1/15/2000	5:11 PM						
17	18	MO	bicyclist	5	Southwest	E	adjuster 201	appraiser 527		1/18/2000	10:17 PM						
18	19	CA	no other vehicle	1	West	B	Tom Otto	Axle Rose		1/20/2000	12:57 PM						
19	20	CA	no other vehicle	1	West	B	Susan Wen	Jimmy Page		1/20/2000	9:56 PM						
20	22	CA	other vehicle	1	West	B	Kate Toby	Janis Joplin		1/24/2000	9:22 PM						
21	23	CA	no other vehicle	1	West	B	Tom Otto	Geraldine Hagar		1/25/2000	8:39 PM						
22	25	MO	no other vehicle	5	Southwest	E	adjuster 202	appraiser 528		1/27/2000	10:41 AM						
23	26	CA	collision w/animals	1	West	B	Susan Wen	Jenny Hilfinger		1/27/2000	3:47 PM						
24	27	CA	bicyclist	1	West	B	Tom Otto	Abe Lincoln		1/29/2000	6:26 PM						
25	28	WI	collision w/animals	3	Midwest	F	adjuster 201	appraiser 436		1/30/2000	2:13 AM						
26	29	WI	no other vehicle	3	Midwest	F	adjuster 302	appraiser 435		2/2/2000	6:41 PM						
27	30	CA	collision w/animals	1	West	B	Susan Wen	George Washington		2/2/2000	11:13 PM						